Schedule E)	PAGE 1 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report file	
Full Name of Payee  Cynthia J Christmas	Date of Public Distribution/Dissemination
	10 16 2014
Mailing Address 1731 Frenchmen St	Amount
City State Zip Code	50.00
New Orleans LA 70116	Transaction ID: 610a363f-1529-4843-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 16 2014
Name of Federal Candidate Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Dis 201	Sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Cynthia J Christmas	10 16 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1731 Frenchmen St	Amount
City State Zip Code	0.30
New Orleans LA 70116	Transaction ID: c749eb9b-33d8-48e4-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	50.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	10 18 2014
-	

Schedule E)	IVI EXI END	THORIES	PAGE 2 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sharon t Craig			10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville Dr			Amount
City	State	Zip Code	20.00
Lenoir	NC	28645	Transaction ID : ae4a1eb0-69d8-4cbe-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	012832.16	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sharon t Craig			10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville Dr			Amount
City	State	Zip Code	6.60
Lenoir	NC	28645	Transaction ID: 8a541cf8-2451-410e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1012832.16	Disbursement For:  Primary  ☐ General  2014  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		26.60
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	date or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 2014
-			

Sch	nedule E)	1101120		PAGE 3 OF 118 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C00530766
Chec	ck if 24-hour report X 48-hour report New rep	oort Amends repor	rt filed on	D = D / Y = Y = Y
	Full Name of Payee  Molly E Oman			Distribution/Dissemination
	Mailing Address 607 N Hughes		10	16 2014
	<u>-</u>		Amount	
(	City State	Zip Code		35.00
L	Little Rock AR	72205		D: 14dd2509-58fd-4178-9 rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10	16 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Mr. Mark L Pryor	X Oppose	President >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	171552.54	Disbursement For: 2014 Other (spe	Primary ☐ General
	Full Name of Payee  Molly E Oman			Distribution/Dissemination
	•		10	16 2014
	Mailing Address 607 N Hughes		Amount	
	City State	Zip Code		7.50
	Little Rock AR	72205	Transaction ID Date of Disbu	: cef5c30f-6083-45a2-8 rsement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	10	16 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Mr. Mark L Pryor	Oppose	President >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	171552.54	Disbursement For: 2014 Other (sp	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures			42.50
•	, , , , , , , , , , , , , , , , , , , ,		7	
(t	b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>	
(0	c) TOTAL Independent Expenditures		<b>&gt;</b>	
W	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed] Date	10 / 18	2014
	Signature	_		

Schedule E)	JENT EXTEND	HONES	PAGE FOR SE	4 OF 118 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	TION NUMBER ▼
Women Speak Out PAC			C C0053076	6
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ Y = Y = Y = Y
Full Name of Payee			Date of Public Distributi	on/Dissemination
James Kindstedt			10 / 16	2014
Mailing Address 5510 Dogwood Dr			Amount	
City	State	Zip Code		20.00
Winston Salem	NC	27105	Transaction ID : 2e15f7 Date of Disbursement of	
Purpose of Expenditure Salary		Category/ Type 001	10 / 16	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	1	012832.16	Disbursement For: ☐ Prim 2014 ☐ Other (specify) ▶ _	ary X General
Full Name of Payee			Date of Public Distribut	ion/Dissemination
James Kindstedt			10 / 16	2014
Mailing Address 5510 Dogwood Dr			Amount	
City	State	Zip Code		7.11
Winston Salem	NC	27105	Transaction ID : fa04739 Date of Disbursement of	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 16	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		Oppose	President Senate	
Calendar Year-To-Date Per Election for Office Sought	7 7	1012832.16	Disbursement For: ☐ Prim 2014 ☐ Other (specify) ▶ _	ary X General
(a) SUBTOTAL of Itemized Independent Exper	nditures			27.11
			7	
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		2014
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Schedule E)	IVI EXI END	TTOTILO	PAGE 5 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination
Mailing Address 2134 Tobaccoville Rd			10 16 2014  Amount
	0	7: 0 !	
City Rural Hall	State NC	Zip Code 27045	20.00  Transaction ID : ca84d1fa-c82c-4dbb-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	11	012832.16	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			10 16 2014 Amount
City	State	Zip Code	35.00
High Point	NC	27260	Transaction ID : e45176a7-b390-4697-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1012832.16	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		55.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		
(c) TOTAL Independent Expenditures			
			7 7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized		
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 18 2014
Signature			

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Danielle McCoy	10 16 2014
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	12.30
High Point NC 27260	Transaction ID: 73d4dbc2-7f4d-4a5e-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 16 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	rsement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Helen Celestine	M M / D D / Y Y Y Y Y T Y T Y T Y T Y T Y T Y T Y
Mailing Address 38346 Quinn Rd	Amount
City State Zip Code	34.50
Pearl River LA 70452	Transaction ID: 248d3dbd-8baf-4257-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 16 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:  Primary  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	46.80
(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not many with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

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Schedule E)	II EXI END	HONLO		PAGE 7 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			[	C C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Helen Celestine			M	Public Distribution/Dissemination
Mailing Address 38346 Quinn Rd			Amount	0 16 2014
City	State	Zip Code		7.59
Pearl River	LA	70452		ction ID : af1bda81-e5cb-481c-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 16 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	1	191520.61	Disbursement 2014 Oth	For: Primary General ner (specify) ▶
Full Name of Payee Toni A Persinger-Buckler			Date of	Public Distribution/Dissemination
				10 16 7 2014
Mailing Address 5330 Nestleway Dr			Amount	t
City	State	Zip Code		22.50
Clemmons	NC	27012		tion ID : aeb9107b-4e62-4561-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		0 16 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1012832.16	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	'es			30.09
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	itures		·· •	7 7
(c) TOTAL Independent Expenditures			<b>•</b>	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		18 2014
Signature				

Sched	lule E)	TI EXI END			PAGE 8 OF 118 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	f 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full	Name of Payee			Date	of Public Distribution/Dissemination
To	oni A Persinger-Buckler				10 16 2014
Mail	ing Address 5330 Nestleway Dr			Amour	nt
City		State	Zip Code		3.45
	mmons	NC	27012		action ID : d6962f3f-1170-45c2-b of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002	M	10 16 7 2014
Nam	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Ms.	Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	012832.16	Disbursement 2014 Of	t For:
	Name of Payee	_		Date of	of Public Distribution/Dissemination
Ar	nthony Buchanan			M	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mail	ling Address 1090 McHone Rd				10 10 2014
	1000 1110110 1110			Amou	nt
City	,	State	Zip Code	— I	70.00
	ruce Pine	NC	28777	Transa Date o	ction ID: c0a4c0b7-9031-48e1-b of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	М	10 16 7 2014
Nan	ne of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Kay Hagan		Oppose	Preside	-
	Calendar Year-To-Date Per Election for Office Sought	7 7	1012832.16	Disbursemen 2014 O	t For:
(a) S	SUBTOTAL of Itemized Independent Expenditure	es		•	73.45
(b) S	SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) T	OTAL Independent Expenditures			•	
with,	r penalty of perjury I certify that the independ or at the request or suggestion of, any candid committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / /	18 2014
Si	gnature				

Schedule E)	LIVI EXI END	TIONES	PAGE 9 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jodi Fountain			10
Mailing Address 1010 S Dogwood Drive			Amount
City	State	Zip Code	50.00
Bogalusa	LA	70427	Transaction ID: 003ef4c4-62ad-4980-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For:  Primary  General
Full Name of Payee			Date of Public Distribution/Dissemination
Jodi Fountain			10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1010 S Dogwood Drive			Amount
City	State	Zip Code	12.00
Bogalusa	LA	70427	Transaction ID : e38eaa8d-fb9a-42b5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	191520.61	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		62.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<del>-</del>			

Schedule E)	IN EXIEND	HONES	PAGE 10 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			10 16 / 2014
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	55.00
Charlotte	NC	23215	Transaction ID : ea1be0c9-44b7-4ad2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	11	012832.16	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	7.80
Charlotte	NC	23215	Transaction ID: e7c9e2f2-804c-4aa0-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 16 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1012832.16	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		62.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •
(c) TOTAL Independent Expenditures			
	lidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 2014

Schedule E)	INI EXPEND	HOILS	<u> </u>	AGE 11 OF 118 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				TIFICATION NUMBER ▼
Women Speak Out PAC				0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Casey Stockton				istribution/Dissemination
Mailing Address 105 South Dale St			10	16 2014
			Amount	
City	State	Zip Code		80.00
Spruce Pine	NC	28777		c3d90ebe-631a-4828-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	16 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	012832.16	Disbursement For:  2014  Other (speci	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Casey Stockton			10 /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code		21.60
Spruce Pine	NC	28777		6838a87f-3929-40eb-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1012832.16	Disbursement For: 2014 Other (speci	Primary X General
(a) CURTOTAL of Itamized Independent Everedi	huraa			104.00
(a) SUBTOTAL of Itemized Independent Expendi	tures		7	101.60
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	7
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 2
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 18	2014
Signaturo				

Schedule E)	PENT EXTEND	TI ONLO	PAGE 12 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mary Johnson			10 16 7 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	80.00
Spruce Pine	NC	28777	Transaction ID: 927c4129-3e8f-456b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	012832.16	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Adam L Clark			10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1851 S Laura St			Amount
City	State	Zip Code	40.00
Wichita	KS	67211	Transaction ID: 2a9710a8-4717-428d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	12039.59	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		120.00
			7 7 7
(b) SUBTOTAL of Unitermized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

NAME OF COMMITTEE (In Full) Women Speak Out PAC  C C00530766  FEC IDENTIFICATION NUMBER ▼ C C00530766	Schedule E)	FOR SE OF FORM 24/48
Women Speak Out PAC  Check if	NAME OF COMMITTEE (In Full)	<u> </u>
Check if		
Full Name of Payee Cayenne C Corbin  Mailing Address 1851 S Laura St  City State Zip Code Ms. Kay Hagan  Full Name of Payee Cayenne C Corbin  Category' 001  Mailing Address 1851 S Laura St  Category' 001  Ms. Kay Hagan  Category' 001  Mailing Address 1851 S Laura St  City State Zip Code Ms. Kay Hagan  Category' 001  Ms. Kay Hagan  Category' 001  Mailing Address 1851 S Laura St  City State Zip Code  Cayenne C Corbin  Category' 001  Ms. Kay Hagan  Category' 001  Ms. Kay Hagan  Category' 001  Mailing Address 1851 S Laura St  City State Zip Code  Wichata S 5211  Category' 002  Name of Payee Cayenne C Corbin  Category' 002  Category' 002  Name of Payee Cayenne C Corbin  Category' 002  Name of Federal Candidate  Ms. Kay Hagan  Category' 002  Name of Federal Candidate  Name of Fe		C C00530766
Cayenne C Corbin  Mailing Address 1851 S Laura St  City State Zip Code Wichita KS 67211  Name of Federal Candidate Support Corbin  Mailing Address 1851 S Laura St  Name of Federal Candidate Support Corbin  Mailing Address 1851 S Laura St  Calendar Year-To-Date Purpose of Expenditure Support Corbin  Mailing Address 1851 S Laura St  City State Zip Code Cayenne C Corbin  Mailing Address 1851 S Laura St  City State Zip Code Support Corbin  Mailing Address 1851 S Laura St  City State Zip Code KS 67211  Name of Federal Candidate State: NC Category/ Vipe 002  Name of Federal Candidate State: NC Category/ Vipe 002  Name of Federal Candidate State: NC Category/ Vipe 002  Name of Federal Candidate Support State Support State Support State Support State Support Support State State: NC Category/ Vipe 002  Name of Federal Candidate Support State Support State Support State State: NC Category/ Vipe 002  Name of Federal Candidate Support State Support State State State: NC Category/ Vipe 002  Name of Federal Candidate Support State Support State State State State Support State State State Support State State State Support State State State Support State S	Check if 24-hour report X 48-hour report New report Amends report file	
Mailing Address 1851 S Laura St  City State Zip Code KS 67211  Purpose of Expenditure Salary  Name of Federal Candidate Support Office Sought: House District: 00  Ms. Kay Hagan State: NC  Calendar Year-To-Date Per Isolation for Office Sought: House District: 00  Full Name of Pederal Candidate  Mailing Address 1851 S Laura St  City State Zip Code  Wichita KS 67211  City State Zip Code  Wichita KS 67211  Purpose of Expenditure  Mileage Tash S Laura St  Name of Federal Candidate  Name of Pederal Candidate  Mailing Address 1851 S Laura St  City State Zip Code  Wichita KS 67211  Purpose of Expenditure  Mileage Calegory 002  Transaction ID: 7180/188-83ab-403a-9  Date of Public Distribution/Dissemination  Transaction ID: 7180/188-83ab-403a-9  Date of Public Distribution/Dissemination  Transaction ID: 7180/188-83ab-403a-9  Date of Public Distribution/Dissemination  Transaction ID: 7180/188-83ab-403a-9  Date of Disbursement For: Primary General Purpose of Expenditure Mileage  Transaction ID: 7180/188-83ab-403a-9  Date of Disbursement or Obligation  Transaction ID: 7180/188-83ab-403a-9  Date of Disbursement For: Primary General Purpose of Expenditure Senate State: NC  Disbursement or Obligation  Transaction ID: 7180/188-83ab-403a-9  Date of Disbursement or Obligation  Transaction ID: 7180/188-83ab-492a-8  Date of Disbursement For: Primary General Purpose of Expenditures Senate State: NC  Disbursement For: Primary General Public Senate State: NC  Disbursement For: Primary General Public Senate State: NC  Disbursement For: Primary General Public Senate State: NC  Disbursement For: Primary Senate State: NC  Disbursement For: Primary Senate	Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address 1851 S Laura St  City State Zip Code Wichita KS 67211  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code Wichita KS 67211  Full Name of Payee  Cayenne C Corbin  Mailing Address 1851 S Laura St  City State Zip Code Wichita KS 67211  Date of Public Distribution/Dissemination  Cayenne C Corbin  Mailing Address 1851 S Laura St  Category/ O02  Wichita KS 67211  Purpose of Expenditure Mileage  Category/ O02  Wichita KS 67211  Name of Federal Candidate  Ms. Kay Hagan  Category/ O02  Transaction ID: 7180/d84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID: 7180/d84-83ab-403a-9 Date of Disbursement For Disbursement or Obligation  Transaction ID: 7180/d84-83ab-403a-9 Date of Disbursement For Disbursement Fo	Cayenne C Corbin	
Wichita KS 67211  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calegory/ Type  Calegory/ Type  Ont  Support  Office Sought  Calegory/ Type  Ont  Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Cayenne C Corbin  Mailing Address  1851 S Laura St  City State  Vipe  Calegory/ Wichita  State  State  Zip Code Wichita  Name of Federal Candidate  Namount  Category/ Sipe  Oppose  Transaction ID: 21b2eab5-4e86-4982-8  Date of Disbursement or Obligation  Amount  Candadar Year-To-Date Purpose of Expenditure Mileage  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Support  Mileage  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 21b2eab5-4e86-4982-8  Date of Disbursement or Obligation  Transaction ID: 71607684-83ab-403a-9  Date of Public Distribution/Dissemination  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement or Obligation  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amou	Mailing Address 1851 S Laura St	
Wichita KS 67211  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calegory/ Type  Calegory/ Type  Ont  Support  Office Sought  Calegory/ Type  Ont  Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Cayenne C Corbin  Mailing Address  1851 S Laura St  City State  Vipe  Calegory/ Wichita  State  State  Zip Code Wichita  Name of Federal Candidate  Namount  Category/ Sipe  Oppose  Transaction ID: 21b2eab5-4e86-4982-8  Date of Disbursement or Obligation  Amount  Candadar Year-To-Date Purpose of Expenditure Mileage  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Support  Mileage  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 21b2eab5-4e86-4982-8  Date of Disbursement or Obligation  Transaction ID: 71607684-83ab-403a-9  Date of Public Distribution/Dissemination  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement or Obligation  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amount  Transaction ID: 71607684-83ab-403a-9  Date of Disbursement For: Primary Amou	City State Zip Code	40.00
Name of Federal Candidate		
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Cayenne C Corbin  Mailing Address 1851 S Laura St  City State Zip Code Wichita KS 67211  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Kay Hagan  Calegory/ Type  Calendar Year-To-Date Per Election for Office Sought  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Public Distribution/Dissemination  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Transaction ID : 7/80/fd84-83ab-403a-9 Date of Disbursement For: Dis	Salany Category/ 001	
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Cayenne C Corbin  Mailing Address 1851 S Laura St  City State Zip Code Wichita KS 67211  Purpose of Expenditure Mileage  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  (Electronically Filed)  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Tansaction ID: 7800/d84-83ab-403a-9 Date of Disbursement or Obligation  Tansaction ID: 7800/d84-83ab-403a-9 Date of Disbursement or Obligation  Office Sought: House District: 00 President Senate State: NC Disbursement For: Primary Ceneral  Disbursement For: Primary Ceneral  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan	Name of Federal Candidate Support Office	ee Sought: House District: 00
Per Election for Office Sought    1012832.16	Ms. Kay Hagan Oppose	President State: NC State:
Cayenne C Corbin  Mailing Address 1851 S Laura St  City State Zip Code Wichita KS 67211  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support MS. Kay Hagan State: NC Calendar Year-To-Date Per Election for Office Sought 1012832.16  Calendar Year-To-Date Per Election for Office Sought 1012832.16  (a) SUBTOTAL of Itemized Independent Expenditures	4040000 40	
Mailing Address 1851 S Laura St  City State Zip Code Wichita KS 67211  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Ms. Kay Hagan Support  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Ms. Emily Buchanan   Electronically Filed    Date   10   18   2014		Date of Public Distribution/Dissemination
City State Zip Code Wichita KS 67211  Purpose of Expenditure Mileage  Category/ Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Amount  6.00  Transaction ID: 7f80fd84-83ab-403a-9 Date 6 Disbursement or Obligation  To 00  President Senate State: NC  Primary General  2014  Other (specify)  46.00  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Cayenne C Corbin	
Wichita KS 67211  Transaction ID: 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Ms. Kay Hagan  Support  Calendar Year-To-Date Per Election for Office Sought  Tother (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  IElectronically Filed  Date  Transaction ID: 7/80/fd84-83ab-403a-9 Date of Disbursement or Obligation  Total Industrial House Disbursement For: Primary General Other (specify)  46.00  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Mailing Address 1851 S Laura St	Amount
Purpose of Expenditure  Mileage  Category/ Type  O02  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	City State Zip Code	6.00
Mileage  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Office Sought: House District: 00  Other (specify)  A6.00  Versident Senate State: NC  Other (specify)  A6.00  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Ms. Kay Hagan    Calendar Year-To-Date   Per Election for Office Sought   1012832.16   Disbursement For:   Primary   General	Mileage Category/ 002	
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate Support Office	ce Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures	Ms. Kay Hagan Oppose	President Senate State: NC
(b) SUBTOTAL of Unitemized Independent Expenditures	201	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  10  18  2014	(a) SUBTOTAL of Itemized Independent Expenditures	46.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date    The property of the reporting entity is not a political party committee or its agent.	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Man	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 18 2014	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
24.0	[F1 - 4	
	2 4.10	

Schedule E)	LIVI EXI END	TIONES		AGE 14 OF 118 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ITIFICATION NUMBER ▼
Women Speak Out PAC				0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y = Y
Full Name of Payee Misty A Ledford			M = M /	istribution/Dissemination
Mailing Address 44 Bell St			Amount	16 2014
City Spruce Pine	State NC	Zip Code 28777	Transaction ID :	50.00 af8eb53c-bdc8-4c70-b
Purpose of Expenditure Salary	NC .	Category/	Date of Disburse	ment or Obligation
Name of Federal Candidate		Type Support		House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	012832.16	Disbursement For:  2014  Other (specif	Primary
Full Name of Payee Misty A Ledford			Date of Public D	istribution/Dissemination 16 2014
Mailing Address 44 Bell St			Amount	
City Spruce Pine	State NC	Zip Code 28777		22.20 7bf0b3c5-0445-453e-a
Purpose of Expenditure Mileage		Category/ Type 002		ement or Obligation  16  2014
Name of Federal Candidate		Support		House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1012832.16	Disbursement For: 2014 Other (speci	Primary X General fy) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		•	72.20
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18	2014

Schedule E)	W END. C.L.C	PAGE 15 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	d on
Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination
Mailing Address 605 W Houston St		10 16 2014
		Amount
City Stat	'	50.00
Marshall TX	75633	Transaction ID: 3cde5f5e-f15e-4f7a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	191520.61 Disk 2014	oursement For:  Primary
Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination
		10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St		Amount
City Stat	re Zip Code	41.70
Marshall T>	75633	Transaction ID : 6b184722-1e01-481a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 16 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	191520.61 Disl 201	oursement For:  Primary  General  4  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	91.70
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	10 18 2014
Signature	_	

Schedule E)	LIVI EXI LIVE	71101120		PAGE 16 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Jacob T Craig			Date of Pub	olic Distribution/Dissemination
Mailing Address 1410 Bushville Dr			Amount	16 2014
City	State	Zip Code		65.00
Lenoir	NC	28645		n ID : ddb86c5c-2d5e-4f1b-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		012832.16	Disbursement For: 2014 Other (	Primary X General
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Heather C York-Pray			10	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6786 Candlewood Dr				للنتيا لتا ا
			Amount	
City	State	Zip Code		20.00
Fayetteville	NC	28314		ID: fd458eb8-152c-4d62-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	16 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1012832.16	Disbursement For: 2014 Other (	Primary
_				
(a) SUBTOTAL of Itemized Independent Expendent	itures		>	85.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		·· •	p. 1. 4. 1. 4. 1.
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	e 10 18	
Signature				

Schedule E)	a ENDITOTIES	PAGE 17 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends rep	ort filed on
Full Name of Payee Heather C York-Pray		Date of Public Distribution/Dissemination
Mailing Address 6786 Candlewood Dr		10 16 2014 Amount
City Stat	e Zip Code	3.90
Fayetteville NC	•	Transaction ID : 9091d0d3-9a0f-460f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	2 10 16 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1012832.16	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Zachary R McCleese		10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 323 Rolling Pines Dr		Amount
	- Zin Onda	40.00
City Stat Spring Lake NC	'	40.00  Transaction ID : 3bca3e2e-0b2c-4fe5-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	171552.54	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures		▶ 43.90
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) SOBTOTAL OF OFFICE INTERPRETATION CAPETITIONS.		
(c) TOTAL Independent Expenditures		··· <b>&gt;</b>
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent	
Ms. Emily Buchanan	[Electronically Filed] Da	te 10 18 2014
Signature		

Schedule E)	DEITI EXI EITE	TIONES	PAGE 18 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	t New rep	port Amends repo	t filed on The Man / Dad / Yayayay
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination
Mailing Address 323 Rolling Pines Dr			10 16 2014 Amount
City	State	Zip Code	24.30
Spring Lake	NC	28390	Transaction ID : 6e069de3-5d5a-45db-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		171552.54	Disbursement For:  Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	80.00
Shreveport	LA	71104	Transaction ID: 5c9e7051-2ac1-43f2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		104.30
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
			7 7
(c) TOTAL Independent Expenditures			<b>)</b>
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 2014
Signaturo			

Schedule E)	VI EXI END	ITOTILO		PAGE 19 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Gregory Green			10	16 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		34.80
Shreveport	LA	71104		: ce5d6ebc-133e-4028-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	191520.61	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lilly Green			10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71119		: 4fd9940d-057f-4ed1-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	191520.61	Disbursement For: 2014 Other (spe	Primary ⊠ General
(a) SUBTOTAL of Itemized Independent Expenditu	res			114.80
,			7	7
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>&gt;</b>	4
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 18	2014
-				

Schedule E)	PENT EXTEND	TI ONLO	PAGE 20 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lilly Green			10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	65.70
Shreveport	LA	71119	Transaction ID: 93b95492-b819-4916-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 16 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	191520.61	Disbursement For:
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination
			10 / 16 / Y Y Y Y Y
Mailing Address 907 Randall Drive			Amount
City	State	Zip Code	25.00
Searcy	AR	72149	Transaction ID: 4896c12b-2058-4399-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	171552.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	ditures		90.70
(,			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	ENT EXICIO	TIONES	PAGE 21 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric Wilson			10 16 / 2014
Mailing Address 907 Randall Drive			Amount
City	State	Zip Code	12.00
Searcy	AR	72149	Transaction ID: 0ff34474-11d9-4a19-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	171552.54	Disbursement For:
Full Name of Payee	_		Date of Public Distribution/Dissemination
Michael A Stieben			10 16 7 2014
Mailing Address 16864 Stillwell			Amount
City	State	Zip Code	60.00
Bonner Springs	KS	66012	Transaction ID: 677631b7-1b62-4e81-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 16 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	12039.59	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		72.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expo	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

ooneddie E	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	ate of Public Distribution/Dissemination
Michael A Stieben	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 16864 Stillwell Ar	mount
City State Zip Code	37.50
Bonner Springs KS 66012 Tr	ransaction ID: d85b9a8e-5827-4a85-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 16 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
Mr. Greg Orman Pre	esident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disburses 2014	ment For:
Full Name of Payee Heather A Smith	ate of Public Distribution/Dissemination
Mailing Address 995 Clairborne Rd	10 16 2014 mount
City State Zip Code	50.00
	ansaction ID: 4af19392-61c3-4f32-a ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 16 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	87.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	18 2014
Signature	

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OF

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Schedule E)	PAGE 23 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Heather A Smith	ate of Public Distribution/Dissemination
Mailing Address 995 Clairborne Rd	10 16 2014 nount
City State Zip Code	21.00
Calhoun LA 71225 Tra	ansaction ID : 55c5cded-9d0c-44aa-b
Purpose of Expenditure Mileage  Category/ Type 002	10 16 / 2014
Name of Federal Candidate Support Office Soil	ught: House District:00
Ms Mary I Landrieu	sident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	nent For:
Full Name of Payee  Julia Perry	ate of Public Distribution/Dissemination
Mailing Address 2046 Perrin St Apt C	10 16 2014 mount
City State Zip Code	60.00
Shreveport LA 71101 Trai	nsaction ID : 9914d2e7-f826-4d86-a ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 16 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms Mary Llandrieu	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	81.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	IDENT EXTEND	TOTILO	<u> </u>	PAGE 24 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour repo	ort New rep	ort Amends repo	t filed on	D = D / Y = Y = Y
Full Name of Payee Christopher L Gilbert			Date of Public	Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd			10 Amount	16 2014
			7 tinedit	
City	State	Zip Code		50.00
Picayune	MS	39466		: 74abd701-88e5-4f04-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	1	91520.61	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Christopher L Gilbert			10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 55 Lovell Johnson Rd			Amount	
City	State	Zip Code		25.20
Picayune	MS	39466		: 0cd67b93-aee6-40f1-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Exp	enditures			75.20
(,			7	4
(b) SUBTOTAL of Unitemized Independent E	xpenditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 7
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 18	2014
Signaturo				

Mailing Address 2520 Helmstetler Rd  City State Zip Code Lexington NC 27295  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate Ms. Kay Hagan  To 16 2  Amount  Transaction ID: 36f302d0-64d1- Date of Disbursement or Obligation  Category/ Type 001  Support Office Sought: House District  Ms. Kay Hagan  To 16 2  Amount  Transaction ID: 36f302d0-64d1- Date of Disbursement or Obligation  To 16 2  Amount  Transaction ID: 36f302d0-64d1- Date of Disbursement or Obligation  To 2  Name of Federal Candidate  Support Office Sought: House District  Ms. Kay Hagan	MBER ▼
Check if 24-hour report  48-hour report  New report  Amends report filed on  Date of Public Distribution/Dissen    Full Name of Payee   Benjamin   Leitman	
Check if 24-hour report	
Benjamin L Heitman  Mailing Address 2520 Helmstetler Rd  City State Zip Code Lexington NC 27295  Transaction ID: 36f302d0-64d1-Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  1012832.16	" Y " Y
Mailing Address 2520 Helmstetler Rd  City State Zip Code Lexington NC 27295  Transaction ID: 36f302d0-64d1- Date of Disbursement or Obligation  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Flection for Office Sought  10 16 2  Amount  Category/ Type 001  Support  Support  Office Sought: House District  Sought: Primary  Category/ Type 001  Disbursement For: Primary  Ms. Kay Hagan  Disbursement For: Primary  Mailing Address 2520 Helmstetler Rd  Amount  Transaction ID: 36f302d0-64d1- Date of Disbursement or Obligation  Category/ Type 001  Disbursement For: Primary  Ms. Kay Hagan  Disbursement For: Primary  Mailing Address 2520 Helmstetler Rd  Amount	ination
City State Zip Code  Lexington NC 27295 Transaction ID : 36f302d0-64d1- Date of Disbursement or Obligation  Purpose of Expenditure Salary Category/ Type 001 10 16 / 2  Name of Federal Candidate  Ms. Kay Hagan Support Office Sought: House District  Ms. Kay Hagan Disbursement For: Primary X  Calendar Year-To-Date Per Election for Office Sought  1012832.16 Disbursement For: Primary X	)14
Lexington NC 27295  Transaction ID : 36f302d0-64d1- Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type  001  Name of Federal Candidate  Support  Ms. Kay Hagan  Support  Office Sought: House District  Oppose  President  Senate State  Disbursement For: Primary  1012832.16	
Lexington NC 27295  Transaction ID : 36f302d0-64d1- Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Support Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary  A Disbursement For: Primary  2014	20.00
Purpose of Expenditure Salary  Category/ Type  Out  10  16  2  Name of Federal Candidate  Ms. Kay Hagan  Support  Oppose  President  Senate  State  Calendar Year-To-Date  Per Election for Office Sought  1012832.16  Disbursement For:  Primary  2014	
Ms. Kay Hagan    Support Office Sought   House District   Support Office Sough	014
Calendar Year-To-Date Per Election for Office Sought  1012832.16  Disbursement For: Primary X	00
Per Election for Office Sought 1012832.16 2014	NC
	General
Full Name of Payee Date of Public Distribution/Disser	ination
	014
Mailing Address 2520 Helmstetler Rd  Amount	
City State Zip Code	5.10
Lexington NC 27295 Transaction ID : 7e794aeb-8df6-4 Date of Disbursement or Obligati	
	014
Name of Federal Candidate Support Office Sought: House District	00
Ms. Kay Hagan	NC
Calendar Year-To-Date Per Election for Office Sought  1012832.16  Disbursement For:   2014  Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	5.10
(b) SUBTOTAL of Unitemized Independent Expenditures	4
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 10 18 2014  Signature	

Sc	chedule E)	IILS	PAGE 26 OF 118 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report X 48-hour report New report	Amends report	filed on M = M / D = D / Y = Y = Y
	Full Name of Payee		Date of Public Distribution/Dissemination
	Monique Guillory		10 16 / 2014
	Mailing Address 409 LaSalle Drive		Amount
	City State Zip	Code	50.00
	Little Rock AR 722		Transaction ID : 5c61d6a5-d08d-4c59-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Ca	ategory/ Type 001	10 16 7 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Mr. Mark L Pryor	X Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought 17158		Disbursement For: Primary General  Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Monique Guillory		10 16 7 2014
	Mailing Address 409 LaSalle Drive		Amount
	City State Zip	Code	42.00
		211	Transaction ID : d5424cb4-4716-43b8-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Ca	ategory/ Type 002	10 / 16 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	X Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General  Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures		92.00
	(4, 662 16 112 6) 1611264 11664		7 7 7
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Signature	y Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	DENT EXTEND	ITOTILO	PAGE FOR SE	27 OF 118 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	ATION NUMBER ▼
Women Speak Out PAC			C C0053076	66
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	t filed on	/ Y = Y = Y = Y
Full Name of Payee Antoinette Franklin			Date of Public Distribut	ion/Dissemination
Mailing Address 8822 Apple St			10 16	2014
			Amount	
City	State	Zip Code		60.00
New Orleans	LA	70188	Transaction ID : 5c674 Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	10 / 16	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Mary L Landrieu		X Oppose	President Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	1	91520.61	Disbursement For: Prim 2014 Other (specify) ▶	nary X General
Full Name of Payee			Date of Public Distribut	tion/Dissemination
Antoinette Franklin			10 / 16	2014
Mailing Address 8822 Apple St			Amount	
City	State	Zip Code		60.00
New Orleans	LA	70188	Transaction ID : 7abfaction Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	10 / 16	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Mary L Landrieu		X Oppose	President Senate	e State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For: Print 2014 Other (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures			120.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 4
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 18 / Y	Y Y Y 2014
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Schedule E)	LIVI EXI END	TTOTILO		PAGE 28 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Antoinette Franklin			Date of Public	Distribution/Dissemination
Mailing Address 8822 Apple St			10 Amount	16 2014
			Amount	
City	State	Zip Code		12.00
New Orleans	LA	70188		D: 60d6723f-1310-448c-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Antoinette Franklin			10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St			Amount	
City	State	Zip Code		12.00
New Orleans	LA	70188		: acddc380-80da-4e7b-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	191520.61	Disbursement For: 2014 Other (specific	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		<b>•</b>	24.00
			7	4
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>•</b>	4
(c) TOTAL Independent Expenditures			<b>)</b>	7 1 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	iically Filed] Date	10 / 18	2014
- 3				

Schedule E)	LIVI EXI END	TIONES	PAGE 29 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd			10 16 2014 Amount
City	Ctata	Zin Codo	40.00
City  Bakersville	State NC	Zip Code 28705	40.00  Transaction ID: c43ac8b5-24c8-416b-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	012832.16	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd			10 16 2014 Amount
City	State	Zip Code	15.60
Bakersville	NC	28705	Transaction ID : bc1f73eb-16f4-433f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1012832.16	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures		. ▶ 55.60
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 2014
S.g.iataro			

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NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	te of Public Distribution/Dissemination
Tammay Williams		10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St	Am	nount
City	ate Zip Code	80.00
11011 01104110		ansaction ID : 7641d16c-d2ac-4537-8 te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu	∑ Oppose	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	191520.61 Disbursen 2014	nent For:
Full Name of Payee Tammay Williams	Da	te of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St	An	nount
City	ate Zip Code	15.00
		nsaction ID: 730f3921-23fd-4878-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 16 / 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Mary L Landrieu	∑ Oppose	sident State: LA
Calendar Year-To-Date Per Election for Office Sought	191520.61 Disbursen	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	<b>▶</b>	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures		4 4
(c) TOTAL Independent Expenditures	······	7 7 7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	18 2014
Signature		

PAGE

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OF

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Schedule E)	LIVI EXPEND	TIONES	PAGE 31 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Cynthia Stewart			Date of Public Distribution/Dissemination
Mailing Address 3001 Pendell Lane			10 16 2014  Amount
City	State	Zip Code	90.00
Ft. Smith	AR	72901	Transaction ID : fa8ed6dd-bdfa-452e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	171552.54	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kevin L Battle			10 16 / Y Y Y Y Y Y
Mailing Address 3300 Asher Ave			Amount
City	State	Zip Code	70.00
Little Rock	AR	72204	Transaction ID: 82918fa8-03bc-4fd6-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 16 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	171552.54	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	litures		160.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
			4 4
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.9			

Schedule E)	LIVI EXI END	HONES	PAGE 32 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Kevin L Battle			10 16 7 2014
Mailing Address 3300 Asher Ave			Amount
City	State	Zip Code	33.00
Little Rock	AR	72204	Transaction ID: b8964a48-4e3d-4eff-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		171552.54	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			10 16 7 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	92.50
Spindale	NC	28160	Transaction ID : fd29a562-44bf-40d7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 16 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1012832.16	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		125.50
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>)</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	PAGE 33 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report Ne	ew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
David Ford	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 Hillside St	Amount
City State	Zip Code 41.88
Spindale NC	28160 Transaction ID : 994d7efc-b0b4-416f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 16 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Philip Elkins	10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 227 Lincoln Dr	Amount
City State	Zip Code 40.00
Bossier City LA	71111 Transaction ID : 1f5867b2-4219-47f5-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 16 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	81.88
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>&gt;</b>
	ditures reported herein were not made in cooperation, consultation, or concert norized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Example of Emily Buchanan and E	lectronically Filed] Date 10 18 2014

Schedule E)	IN EXILID	ITORES	PAGE 34 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination
Mailing Address 227 Lincoln Dr			10 16 2014  Amount
072	Otata	75.0.4.	7.50
City Bossier City	State LA	Zip Code 71111	7.53  Transaction ID : f9b86128-2ad6-45b5-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	191520.61	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination
Mailing Address 448 Judson Dr			10 16 2014 Amount
City	State	Zip Code	40.00
Wake Forest	NC	27587	Transaction ID : 44825a8b-9d20-4a03-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10 / 16 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1012832.16	Disbursement For:  Primary  ☐ General  2014  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 47.53
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •
(c) TOTAL Independent Expenditures			
			45 45 45
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 18 2014
Signature			

Softedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Anselma A Trinidad	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7915 Curtina Ln Amo	ount
City State Zip Code	75.30
Lewisville NC 27023 Trai	nsaction ID: e52219c8-7094-4b5d-b e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M 10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan Oppose Presi	ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014 2014	
	Other (specify)
Full Name of Payee Sheri J Peace Date	e of Public Distribution/Dissemination
Mailing Address 9685 Paula St Ame	10 16 2014 ount
City State Zip Code	65.00
	saction ID : 1c9a9ef2-1cf0-439b-b e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu Pres	sident State: LA State:
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	140.30
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Signature	

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Sheri J Peace	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 9685 Paula St	Amount
	City State Zip Code	18.00
	Keithville LA 71047	Transaction ID: 6889a267-3a09-495d-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General
		Other (specify)
	Full Name of Payee  Gabriela P Sosa	Date of Public Distribution/Dissemination
	Mailing Address 2530 Brook Stone Dr	10 16 2014 Amount
	City State Zip Code	75.30
	Clemmons NC 27012	Transaction ID: 99013969-dd48-4435-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 16 / Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District:00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	93.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 18 2014
	Signature	

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<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Gabriela P Sosa	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2530 Brook Stone Dr	nount
City State Zip Code	14.70
Clemmons NC 27012 Tra	ansaction ID : 2ce7b216-bc66-4fa4-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 16 2014
Name of Federal Candidate Support Office So	ught: House District:00
Mc Kay Hagan	esident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	
Full Name of Page	Other (specify)
Full Name of Payee Tristan Hightower	ate of Public Distribution/Dissemination
Mailing Address 2490 W Cornerstone PI Ar	10 16 2014 mount
City State Zip Code	30.00
	insaction ID: ebe7780c-fb96-404e-a ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Mr. Mark L Pryor Oppose Pre	esident State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	44.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	18 2014
Signature	

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OF

Sch	nedule E)	1011	101120		PAGE 38 OF 118 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report New	repoi	rt Amends repo	ort filed	on M = M / D = D / Y = Y = Y
T	Full Name of Payee Tristan Hightower				Date of Public Distribution/Dissemination
	Mailing Address 2490 W Cornerstone Pl				10 16 2014
					Amount
- 1	City State		Zip Code		4.80
	Fayetteville AR		72703		Transaction ID: 30c816fd-d13f-4053-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 16 7 2014
	Name of Federal Candidate		Support	Office	Sought: House District:00
	Mr. Mark L Pryor		X Oppose		President State: AR
	Calendar Year-To-Date Per Election for Office Sought	17	71552.54	Disbur 2014	rsement For: Primary X General  Other (specify) ▶
l	Full Name of Payee				Date of Public Distribution/Dissemination
	William T Horn				10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 5 Bergerac St				
	-				Amount
	City State	7	Zip Code		20.00
	Little Rock AR		72211		Transaction ID: f175be94-7c18-4fc3-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought	1	171552.54	Disbui 2014	rsement For:
(8	a) SUBTOTAL of Itemized Independent Expenditures			▶	24.80
(k	b) SUBTOTAL of Unitemized Independent Expenditures				1171171171
(0	C) TOTAL Independent Expenditures			▶	
W	inder penalty of perjury I certify that the independent expenditurith, or at the request or suggestion of, any candidate or authoriarty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Elect	tronic	cally Filed] Date	M 10	0 18 2014
	Signature				

Schedule E)	INI EXI END	ITOTILO	PAGE 39 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee William T Horn			Date of Public Distribution/Dissemination
Mailing Address 5 Bergerac St			10 16 2014  Amount
City	State	Zip Code	5.40
Little Rock	AR	72211	Transaction ID: 957cf48e-517a-4aec-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	171552.54	Disbursement For:  Primary  General 2014  Gher (specify) ▶
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination
Mailing Address 1981 Cherokee St			10
City	State	Zip Code	54.00
Baton Rouge	LA	70806	Transaction ID : a801bc2d-7c25-48f1-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		59.40
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
			7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	lidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 18 2014
o.g.iataro			

ooneddie E/	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	ate of Public Distribution/Dissemination
Nicholas O Wilcox	10 16 2014
Mailing Address 1981 Cherokee St	mount
City State Zip Code	21.90
Baton Rouge LA 70806 Tr	ransaction ID : 7ac4ce8e-e73b-40db-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 16 7 2014
Name of Federal Candidate Support Office Sc	ought: House District:00
Ms. Mary L Landrieu Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
	ate of Public Distribution/Dissemination
Barbara A Williams	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3002 Darden Rd Apt A	mount
City State Zip Code	40.00
Greensboro NC 27407 Tra	ansaction ID: bf59da05-cd51-49d0-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 16 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ment For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	61.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	18 2014
Signature	

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Schedule E)	LIVI EXPEND	TIONES	<b>⊢</b>	PAGE 41 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC				000530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Dylan J Sparks			10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 East Market Ave			Amount	
City	State	Zip Code		60.00
Searcy	AR	72149		0 : 39661185-5fc0-42c4-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		171552.54	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Dylan J Sparks			10 /	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 East Market Ave			Amount	
City	State	Zip Code		42.90
Searcy	AR	72149		: a98d831c-d465-4e69-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		171552.54	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures		<b>)</b>	102.90
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18	2014

Schedule E)	INT EXI END	TTOTILO		PAGE 42 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Logan B Piper			10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3205 Pebble Beach Rd			Amount	
City	State	Zip Code		62.00
Conway	AR	72034		0: 510a12b4-a4f6-4382-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	171552.54	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Logan B Piper			10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3205 Pebble Beach Rd			Amount	
City	State	Zip Code		14.82
Conway	AR	72034		: 3bbd39b2-fbf3-473b-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-55	171552.54	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			76.82
			7	7 4
(b) SUBTOTAL of Unitemized Independent Expen	ditures		-	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 18	2014
- 3				

Seriedale L <sub>j</sub>					FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)				FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC				C	C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends re	port filed on	M = M	/ D D /	Y = Y = Y
Full Name of Payee			D	ate of Pub	lic Distribution/	Dissemination
Avery Rodriguez				10	16	2014
Mailing Address 11 Cooper Lane			А	mount		
City	State	Zip Code	<del></del>			120.00
Conway	AR	72034			ID: 4f6a9483 oursement or C	
Purpose of Expenditure Salary		Category/ Type 00	-	10 M	16	2014
Name of Federal Candidate		Support	Office S	ought:	House	District:00
Mr. Mark L Pryor		X Oppose	Pr	esident	X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	1	71552.54	Disburse 2014	ment For:	Primary	X General
Full Name of Pouce					specify)	Discourie et
Full Name of Payee Avery Rodriguez				ate of Pub	olic Distribution/	Dissemination 2014
Mailing Address 11 Cooper Lane			Α	mount	10	2014
City	State	Zip Code				10.23
Conway	AR	72034	Tr	ansaction ate of Dist	ID: 178633dc- bursement or 0	<b>4879-4b24-8</b> Obligation
Purpose of Expenditure Mileage		Category/ Type 002	-	10	16	2014
Name of Federal Candidate		Support	Office S	ought:	House	District:00
Mr. Mark L Pryor		X Oppose	Pı	esident	Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		171552.54	Disburse 2014	ement For: Other (s	Primary specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expendit	ures				7	130.23
(b) SUBTOTAL of Unitemized Independent Exper	nditures		···· •		4	40
(c) TOTAL Independent Expenditures			····· <b>&gt;</b>		7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized					
Ms. Emily Buchanan	[Electron	ically Filed] Da	nte 10	/ 18	201	Y Y 4
Signature	<del>-</del>			ئنا ا		

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FEC IDENTIFICATION NUMBER   FEC IDENTIFICATION NUMBER   FEC IDENTIFICATION NUMBER   C   C   C   C   C   C   C   C   C		medule Ly	FOR SE OF FORM 24/48
Check if 24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Theresa a Youngblood  Mailing Address 102 S Main Street Apt A2  City State Zp Code Berryville VA 22811  Purpose of Expenditure Salary  Name of Federal Candidate Mailing Address 416 Vine Dr  City State Zp Code Edmond D Rea  Mailing Address 416 Vine Dr  City State Zp Code Edmond D Rea  Mailing Address 416 Vine Dr  Category/ Onto 10 16 2014  Amount  Transaction ID : 2944413-9634-4649  Date of Public Distribution/Dissemination  Transaction ID : 2944413-9634-4649  Date of Disbursement or Obligation  Transaction ID : 2944413-9634-4649  Date of Disbursement or Obligation  Transaction ID : 2944413-9634-4649  Date of Public Distribution/Dissemination  Transaction ID : 275-00-4649-4692-4894-8  Date of Public Distribution/Dissemination  Transaction ID : 275-00-4692-4894-8  Date of Public Distribution/Dissemination  Transaction ID : 976-00-4902-4894-8  Date of Public Distribution/Dissemination  Transaction	۷۱	romen Speak Out PAC	C C00530766
Theresa a Youngblood  Mailing Address 102 S Main Street Apt A2  City State Zip Code Berryville VA 22611  Purpose of Expenditure Salary  Name of Federal Candidate Scandidate Scandidate Per Election for Office Sought 12039.59  Calendar Year-To-Date Purpose of Expenditure Salary  Mailing Address 416 Vine Dr  Category/ Oo1  Mr. Greg Orman Oppose Edmond D Rea  Mailing Address 416 Vine Dr  Category/ Oo1  Mailing Address 416 Vine Dr  Category/ Oo1  Disbursement For: Primary General State: KS  President Scandidate MS Scands State: KS  Disbursement For: Primary General Other (specify) ▶  Date of Public Distribution/Dissemination  Tansaction ID: 97cbd1c9-4692-4684-8  Date of Disbursement or Obligation  Tansaction ID: 97cbd1c9-4692-4684-8  Date of Public Distribution/Dissemination  Tansaction ID: 97cbd1c9-4692-4684-8  Date of Public	Ch	eck if 24-hour report X 48-hour report New report Amends report file	
Mailing Address 102 S Main Street Apt A2  City State Zip Code Berryville VA 22611  Purpose of Expenditure Salary  Name of Federal Candidate Support Office Sought: House District: 00  Mr. Greg Orman Soppose President Senate State: KS  Calendar Year-To-Date Per Detection for Office Sought  Full Name of Payse  Edmond D Rea  Mailing Address 416 Vine Dr  City State Zip Code  Lawrence KS 66049  Purpose of Expenditure  Salary  Name of Federal Candidate  Mailing Address 416 Vine Dr  City State Zip Code  KS 66049  Transaction ID: 29e4e1a1-8c43-4fef-9  Date of Disbursement for: Disbursement For: Primary General Primary Gene	П		Date of Public Distribution/Dissemination
City State Zip Code Berryville VA 22E11  Purpose of Expenditure Salary  Name of Federal Candidate Mailing Address 416 Vine Dr  City State Zip Code Full Name of Payee Edmond D Rea  Mailing Address 416 Vine Dr  City State Zip Code KS 66049  Purpose of Expenditure Salary  Name of Federal Candidate  Mailing Address 416 Vine Dr  City State Zip Code KS 66049  Purpose of Expenditure Salary  Name of Federal Candidate  Mailing Address 416 Vine Dr  City State Zip Code  KS 66049  Furpose of Expenditure Salary  Name of Federal Candidate  Mailing Address 416 Vine Dr  Category/ Salary  Name of Federal Candidate  Mailing Address 416 Vine Dr  City State Zip Code  KS 66049  Transaction ID: 97edat 3-464-9  Date of Disbursement For: Primary General 4-84-8  Total Category/ Total Disbursement or Obligation  Total Total Disbursement or Obligation  Transaction ID: 97edate1-9404-484-8  Amount  Total Total Disbursement or Obligation			
Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Caledar Year-To-Date Purpose of Expenditure Salary  Full Name of Payee Edmond D Rea  Mailing Address 416 Vine Dr  City State Zip Code Lawrence KS 66049  Purpose of Expenditure Salary  Name of Federal Candidate  Name of Federal Candidate  Name of Payee Edmond D Rea  Full Name of Payee Edmond D Rea  Mailing Address 416 Vine Dr  City State Zip Code Lawrence KS 66049  Purpose of Expenditure Salary  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Purpose of Expenditure Salary  Name of Federal Candidate  Support  Office Sought:  Transaction ID : 29e4e1a1-8c43-4fef-9 Date of Disbursement For: Disbursement or Obligation  Transaction ID : 29e4e1a1-8c43-4fef-9 Date of Disbursement For: Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement For: Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement For: Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement For: Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement For: Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement For: Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement For: Disbursement For: Disbursement For:		Mailing Address 102 S Main Street Apt A2	Amount
Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Caledar Year-To-Date Purpose of Expenditure Salary  Full Name of Payee Edmond D Rea  Mailing Address 416 Vine Dr  City State Zip Code Lawrence KS 66049  Purpose of Expenditure Salary  Name of Federal Candidate  Name of Federal Candidate  Name of Payee Edmond D Rea  Full Name of Payee Edmond D Rea  Mailing Address 416 Vine Dr  City State Zip Code Lawrence KS 66049  Purpose of Expenditure Salary  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Purpose of Expenditure Salary  Name of Federal Candidate  Support  Office Sought:  Transaction ID : 29e4e1a1-8c43-4fef-9 Date of Disbursement For: Disbursement or Obligation  Transaction ID : 29e4e1a1-8c43-4fef-9 Date of Disbursement For: Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement For: Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement For: Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement For: Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement For: Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement For: Disbursement or Obligation  Transaction ID : 37ebd1c9-4e02-4884-8 Date of Disbursement For: Disbursement For: Disbursement For:		City State Zip Code	75.00
Purpose of Expenditure Salary  Category/ Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure Salary  Category/ Type  Office Sought:  House District: OO President Senate State: KS  Disbursement For: Primary General Cother (specify)  Full Name of Payee Edmond D Rea  Date of Public Distribution/Dissemination  To dife (specify)  Date of Public Distribution/Dissemination  To dife (2014)  Amount  City State Zip Code Lawrence KS 66049  Purpose of Expenditure Salary  Name of Federal Candidate Support Office Sought: House District: OO Ms. Kay Hagan  Oppose  President Senate State: NC  Calendar Year-To-Date Per Election for Office Sought  In dife 2014  Other (specify)  Calendar Year-To-Date Per Election for Office Sought  In dife 2014  Other (specify)  In dife 2014  Other (specify)  In dife 2014  Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emity, Buchamon  [Electronically Filed] Date 10 10 18 2014			
Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Edmond D Rea  Mailing Address 416 Vine Dr  City State Lawrence KS 66049  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-		Salary Category/ 001	M - M / D - D / Y - Y - Y
Mr. Greg Orman    Calendar Year-To-Date   President   Senate   State   KS		Name of Federal Candidate Support Offi	ce Sought: House District:00
Per Election for Office Sought  Full Name of Payee Edmond D Rea  Mailing Address 416 Vine Dr  City State Zip Code Lawrence KS 66049  Purpose of Expenditure Salary  Category/ Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category/ Titype  Category/ Titype  Office Sought: House District: 00  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category/ Titype  Office Sought: House District: 00  NC  Disbursement For: Primary ★ General  Category/ Other (specify) ▶  Category/ Type  Office Sought: House District: 00  NC  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date  Transaction ID: 97cbd1c9-4e02-4884-8  Transaction ID: 97cbd1c9-4e02-4884-8  Transaction ID: 97cbd1c9-4e02-4884-8  Transaction ID: 97cbd1c9-4e02-4884-8  Take Office Sought  To 10  Transaction ID: 97cbd1c9-4e02-4884-8  Take Office Sought  Transaction ID: 97cbd1c9-4e02-4884-8  Take Office Sought  Transaction ID: 97cbd1c9-4e02-4884-8  Take Office Sought  To 10  To		Mr. Cross Orman	
Full Name of Payee Edmond D Rea  Mailing Address 416 Vine Dr  City State Zip Code Lawrence KS 66049  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calegory/ Oppose  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Characteristics and the independent Expenditures  Characteristics and the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Public Distribution/Dissemination  Amount  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  To 00  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  To 00  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  To 00  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  To 00  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  To 00  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  To 00  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  To 00  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  To 00  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  To 00  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  To 00  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  To 00  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  To 00  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  To 00  Transaction ID : 97cbd1c9-4e02-4884-8  Date of Dis		40000 50	4
Edmond D Rea  Mailing Address 416 Vine Dr  City State Zip Code KS 66049  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calegory/ Type 001  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  [Electronically Filed]  Date  10 16 70.00  Transaction D: 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  Total Support  Office Sought:  House District: 00  President Senate State: NC  Disbursement For: 2014  Other (specify)   145.00  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Full Name of Payer	
Mailing Address 416 Vine Dr  City State Zip Code KS 66049  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Amount  Amount  Transaction ID: 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  Transaction ID: 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  Transaction ID: 97cbd1c9-4e02-4884-8  Date of Disbursement or Obligation  To 00  President Senate State: NC  Disbursement For: Primary General 2014  Other (specify)   145.00  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			M M / D D / Y Y Y Y
Lawrence KS 66049  Purpose of Expenditure Salary  Category/ Type  Ont  Support  Office Sought: House District: 00  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 97cbd1c9-4e02-4884-8 Date of Disbursement or Obligation  M10  President  Senate State: NC  Disbursement For: Primary Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures.  (b) SUBTOTAL of Unitemized Independent Expenditures.  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Transaction ID: 97cbd1c9-4e02-4884-8 Date of Disbursement or Obligation  Molendary  Tippe  Office Sought: House District: 00  Disbursement For: Primary General  Other (specify)  Total Independent Expenditures  Independen		Mailing Address 416 Vine Dr	
Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		City State Zip Code	70.00
Purpose of Expenditure Salary    Category/ Type   001   10		Lawrence KS 66049	Transaction ID: 97cbd1c9-4e02-4884-8 Date of Disbursement or Obligation
Ms. Kay Hagan    Calendar Year-To-Date   Per Election for Office Sought   1012832.16   Disbursement For:   Primary   General		Salary Category/ 001	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought  1012832.16  Disbursement For: Primary 2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Off	ice Sought: House District:00
(a) SUBTOTAL of Itemized Independent Expenditures		Ms. Kay Hagan Oppose	President Senate State: NC
(c) TOTAL Independent Expenditures		1010000 10	14
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  10  18  2014		(a) SUBTOTAL of Itemized Independent Expenditures	145.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date    The property of the reporting entity is not a political party committee or its agent.		(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Man		(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 18 2014	1	with, or at the request or suggestion of, any candidate or authorized committee or agent of eith	
Batto		[F1 - 4 1] - F2 - 1]	

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	ME OF COMMITTEE (In Full)	FEC ID	ENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C	C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M /	D = D / Y = Y = Y
	Full Name of Payee	Date of Public	Distribution/Dissemination
	Edmond D Rea	10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 416 Vine Dr	Amount	
	City State Zip Code		8.58
	Lawrence KS 66049		D: cba840f4-dec9-4a1a-9 rsement or Obligation
	Purpose of Expenditure Mileage  Category/ Type 002	10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	-	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For:	Primary General
ŀ	Full Name of Payee	Other (spe	
	James Tatro	M = M /	c Distribution/Dissemination
	Mailing Address 1208 Braeburn Rd	Amount	16 2014
	City State Zip Code		80.00
	·	Transaction ID Date of Disbu	D: 133e880b-8b1b-4112-8 ursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought:	House District: 00
			Senate State: NC
		orsement For: Other (spe	Primary ☐ General
	(a) SUBTOTAL of Itemized Independent Expenditures	7	88.58
(	(b) SUBTOTAL of Unitemized Independent Expenditures	7	
(	(c) TOTAL Independent Expenditures	1 1 2	7 7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 10		2014
_	Signature		

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OF

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 46 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	7.80
Charlotte	NC	28211	Transaction ID: bb078ed8-6c11-4aa9-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	012832.16	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	40.00
charlotte	NC	28227	Transaction ID: 1258859f-35d5-421e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		47.80
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	INI EXPEND	JII OILS	PAGE 47 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repor	t filed on
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination
·			10 16 7 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	15.69
charlotte	NC	28227	Transaction ID : c8cfe0da-ab8a-4df9-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 16 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For:  Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Carla K Pilgreen			10 16 Y Y Y Y Y Y
Mailing Address 212 Stonecliff Dr			Amount
City	State	Zip Code	37.50
West Monro	LA	71291	Transaction ID: d9bcf4b5-c2f0-4d75-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	191520.61	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expend	itures		53.19
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 18 2014
Signature			

Schedule E)	DENT EXTEND	ITOTILO	PAGE 48 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carla K Pilgreen			10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 212 Stonecliff Dr			Amount
City	State	Zip Code	9.81
West Monro	LA	71291	Transaction ID : 3c1078cb-d0b0-418a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Gary W Fuhrmann			10 16 7 2014
Mailing Address 9425 Jessica Drive			Amount
City	State	Zip Code	62.50
Shreveport	LA	71106	Transaction ID : dfb8f5fa-fbe5-4c71-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		72.31
(b) SUBTOTAL of Unitemized Independent Ex	penditures		·
(c) TOTAL Independent Expenditures			·
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)		PAGE 49 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	v report Amends report fi	iled on Mam / Dad / Yayayay
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination
Mailing Address 9425 Jessica Drive		10 16 2014  Amount
City State	Zip Code	17.10
Shreveport LA	71106	Transaction ID: 83e144a9-fa37-4fc2-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 16 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Patricia F Arnold		10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1117 Clipper Dr		Amount
City State	Zip Code	13.00
Slidell LA	70458	Transaction ID : d48e7740-2f4c-4a5e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For:  Primary
(a) CURTOTAL of have red ledge and out Fune additions		20.40
(a) SUBTOTAL of Itemized Independent Expenditures	······	30.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.		
	ctronically Filed] Date	10 18 2014
Signature		

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	led on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Patricia F Árnold	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1117 Clipper Dr	Amount
City State Zip Code	1.77
Slidell LA 70458	Transaction ID: 773e707c-b984-4fc1-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 16 2014
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Diagram 191520.61	sbursement For: Primary
Full Name of Davis	
Full Name of Payee Adena V Smith	Date of Public Distribution/Dissemination
Mailing Address 450 Judson Dr	Amount
City State Zip Code	40.00
Wake Forest NC 27587	Transaction ID: 6f520010-e621-408e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 16 / 2014
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
	sbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	41.77
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 18 2014
Signature	

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OF

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report  Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Adena V Smith	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 450 Judson Dr	Amount
City State Zip Code	3.90
Wake Forest NC 27587	Transaction ID : 5e520811-ef5b-4454-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Danielle E Grindstaff	10 16 2014
Mailing Address 147 Possum Trot Rd	Amount
City State Zip Code	70.00
Bakersville NC 28705	Transaction ID : 4fdf3293-e673-4369-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 16 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	73.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 18 2014
Signature	

PAGE

OF

Schedule E)	IN EXICIO	TI OTILO	PAGE 52 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Kathryn M Wolfe			Date of Public Distribution/Dissemination
Mailing Address 204 W 9th St			10 16 2014 Amount
Cit.	Otata	7:- O-d-	45.00
City Pittsburg	State KS	Zip Code 66762	Transaction ID : d163bdd7-0c42-4b3b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		12039.59	Disbursement For: Primary General  2014 Other (specify) ▶
Full Name of Payee Kathryn M Wolfe			Date of Public Distribution/Dissemination
Mailing Address 204 W 9th St			10 16 2014  Amount
			, under
City Pittsburg	State KS	Zip Code 66762	2.70 Transaction ID : 2ce95f03-eb28-4eb3-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation  10  16  2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		12039.59	Disbursement For:  Primary  General  Q014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		17.70
(b) SUBTOTAL of Uniternized Independent Exper	nditures		
(,,			7 7 7
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 18 2014
S.g.lataro			

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Ralph Smith	D	Date of Public Distribution/Dissemination
·		10 16 2014
Mailing Address 2090 Fancy Gap Rd	А	mount
City	ate Zip Code	90.00
		ransaction ID : 2eabb5e3-7f83-4691-b late of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	∑ Oppose	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1012832.16 Disburse 2014	ement For: Primary
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination
Mailing Address 2090 Fancy Gap Rd		10 16 2014
2030 Falley Gap Ru	A	Amount
City	tate Zip Code	19.44
,		ansaction ID: d5c70f1f-c375-4142-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 16 7 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Kay Hagan	Oppose Pr	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1012832.16 Disburse 2014	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	109.44
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	1171171171
(c) TOTAL Independent Expenditures	· · ·	
Under penalty of perjury I certify that the independent of with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 10	18 2014
Signature		

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OF

Schedule E)	JENT EXTEND	THORIES	PAGE 54 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination
Mailing Address 110 W Pecan St			10 16 2014
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	50.00
Ville Platte	LA	70586	Transaction ID : d979e74c-5f7d-454f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For:  Primary  General   2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			10 16 2014
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	33.60
Ville Platte	LA	70586	Transaction ID : 9aead413-732c-4c0b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		83.60
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		• •
(c) TOTAL Independent Expenditures			· •
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
=			

ochedule Ly					FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)				FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC				С	C00530766	
Check if 24-hour report X 48-hour report	New repo	ort Amends re	eport filed o	on Man	/ D D /	Y Y Y
Full Name of Payee				Date of Pub	lic Distribution/	Dissemination
Stuart T Haley				10	16	2014
Mailing Address 600 W Vine Ave				Amount		
City	State	Zip Code				40.00
Searcy	AR	72143			ID: 37dc19cd	l-26d5-4a46-9
Purpose of Expenditure Salary		Category/ Type 00	-	10 <sup>M</sup>	16	2014
Name of Federal Candidate		Support	Office	Sought:	House	District: 00
Mr. Mark L Pryor		X Oppose		President	X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	1	71552.54	Disburs 2014	sement For:	Primary	X General
					specify)	
Full Name of Payee Stuart T Haley				M M	lic Distribution/	Y   Y   Y   Y
Mailing Address 600 W Vine Ave				10 Amount	16	2014
City	State	Zip Code				30.00
Searcy	AR	72143			ID: d4daad56- oursement or C	
Purpose of Expenditure Mileage		Category/ Type 00	-	10 <sup>M</sup>	16	2014
Name of Federal Candidate		Support	Office	Sought:	House	District:00
Mr. Mark L Pryor		X Oppose		President	X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	171552.54	Disbur 2014	sement For: Other (s	Primary specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expen	ditures		·····			70.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·····			
(c) TOTAL Independent Expenditures			····· •		7	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any cal party committee) any political party committee or	ndidate or authorized					
Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 10	M / D 1	201	Y Y 4
Signature						

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OF

Schedule E)	ADENT EXTEND	TOTILO	PAGE 56 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	ort New repo	ort Amends repo	ort filed on
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination
Mailing Address 308 West Main Street			10 16 2014 Amount
City	State	Zip Code	60.00
Plot Mountain	NC	27041	Transaction ID : 0a4503c7-13d3-4517-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	012832.16	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination
Mailing Address 308 West Main Street			10 16 2014
			Amount
City	State	Zip Code	7.80
Plot Mountain  Purpose of Expenditure	NC	27041	Transaction ID: ff3359a9-7314-4e3d-8 Date of Disbursement or Obligation
Mileage		Category/ Type 002	10 16 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1012832.16	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		. ▶ 67.80
(b) SUBTOTAL of Unitemized Independent E	Evnandituras		
(b) SOBIOTAL OF Officernized independent L	-xperialitales		
(c) TOTAL Independent Expenditures			
	candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 18 2014
3			

Sche	dule E)	VI 11.11.	TOTILO		PAGE 57 OF 118 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends	report file	d on M M M / D D / Y Y Y Y Y
	Name of Payee enny Wallis				Date of Public Distribution/Dissemination
Ма	iling Address 6412 Osage Dr				10 16 2014 Amount
City	v State		Zip Code		20.00
	orth Little rock AR		72116		Transaction ID : a2e7543c-c0c9-412e-a Date of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type	001	10 16 2014
Nai	me of Federal Candidate		Suppo	rt Offic	ce Sought: House District: 00
Mr	. Mark L Pryor		X Oppos		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	71552.54	Disb 2014	oursement For: Primary
	Il Name of Payee enny Wallis				Date of Public Distribution/Dissemination  10 16 2014
Ма	ailing Address 6412 Osage Dr				Amount
Cit	y Stat	ie	Zip Code		1.53
	orth Little rock AR	<b>\</b>	72116		Transaction ID : 8aee4d90-788f-4f2b-9 Date of Disbursement or Obligation
	rpose of Expenditure ileage		Category/ Type	002	10 16 / 2014
Na	me of Federal Candidate		Suppo	ort Offic	ce Sought: House District: 00
Mr	r. Mark L Pryor		X Oppos		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		171552.54	Disk 201	oursement For: Primary X General  Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures			······ <b>&gt;</b>	21.53
(b)	SUBTOTAL of Unitemized Independent Expenditures			······ <b>&gt;</b>	
(c)	TOTAL Independent Expenditures			······· <b>&gt;</b>	
with,	er penalty of perjury I certify that the independent exp, or at the request or suggestion of, any candidate or y committee) any political party committee or its agent.	authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10 18 2014
S	Signature				

Schedule E)	on inderende	INT EXPEND	ITONES		PAGE 58 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE	(In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak C	Out PAC				C C00530766
Check if 24-hour re	port X 48-hour report	New rep	ort Amends rep		- M / D - D / Y - Y - Y - Y
Full Name of Payee Maria A Britt		<u> </u>			of Public Distribution/Dissemination
Mailing Address 489	4 Thunder Bolt			Amou	10 16 2014 nt
City		State	Zip Code		95.00
Concord		NC	28205		saction ID : b6d62ade-05e3-4f03-b of Disbursement or Obligation
Purpose of Expendite Salary	ure		Category/ Type 001		10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Ca	ndidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			X Oppose	Presid	
Calendar Year-T Per Election for		10	012832.16	Disbursemer 2014	nt For:
Full Name of Payee	-			Date	of Public Distribution/Dissemination
Maria A Britt  Mailing Address				[	10 16 7 2014
Walling Address 4	894 Thunder Bolt			Amou	ınt
City		State	Zip Code	T L	16.80
Concord  Purpose of Expendit		NC	28205		action ID: 070b2350-526e-48d5-8 of Disbursement or Obligation
Mileage	uie		Category/ Type 002		10 / 16 / 2014
Name of Federal Ca	ndidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan			X Oppose	Presid	ent X Senate State: NC
Calendar Year-T Per Election for			1012832.16	Disbursemen 2014	nt For:  Primary
•					
(a) SUBTOTAL of Ite	mized Independent Expenditu	ures		▶	111.80
(b) SUBTOTAL of Un	nitemized Independent Expendent	ditures		··· •	7 7
(c) TOTAL Independe	ent Expenditures			· ·	
with, or at the request		date or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	nically Filed] Dat	e 10 /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-					

Schedule E)	123	PAGE 59 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Mr. Roger McKinney		f Public Distribution/Dissemination
Mailing Address 308 West Main Street		10 16 2014
	Amour	ıt
City State Zip C	Code	60.00
Pilot Mountian NC 2704		action ID: 0b4631b0-2691-4367-a f Disbursement or Obligation
Purpose of Expenditure Salary  Cat		10 / D D / Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought	: House District:00
Ms. Kay Hagan	X Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought 101283	2.16 Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee	Date of	of Public Distribution/Dissemination
Mr. Roger McKinney		10 16 7 2014
Mailing Address 308 West Main Street	Amour	nt
City State Zip (	Code	23.79
Pilot Mountian NC 270		ction ID : 6f20f926-6ba3-486c-b of Disbursement or Obligation
Purpose of Expenditure Mileage  Cat		10 / 16 / Y Y Y Y
Name of Federal Candidate	Support Office Sought	: House District: 00
Ms. Kay Hagan	∑ Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought	2832.16 Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures		83.79
		7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>	7 7
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Signature	Filed] Date 10	18 2014
Gigilatule		

Schedule E)	51101120	PAGE 60 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	eport Amends report f	iled on D / Y Y Y Y Y
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination
Mailing Address 10000 Mount Pleasant Rd		10
City	7in Codo	05.00
City State Midland NC	Zip Code 28107	95.00  Transaction ID: 290e1e71-2d74-4386-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 16 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary X General  O14 Other (specify) ▶
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination
Mailing Address 10000 Mount Pleasant Rd		10
City State Midland NC	Zip Code 28107	Transaction ID : 730c1174-2332-4551-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 16 / 2014
Name of Federal Candidate	Support C	office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		on the distribution of the first state of the distribution of the
(a) SUBTOTAL of Itemized Independent Expenditures		111.80
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron Signature	onically Filed] Date	10 18 / 2014

Schedule E)	INT EXTEND	TIONES	PAGE 61 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeremy Hollar			10 16 / Y Y Y Y Y
Mailing Address 121 Meadowview Drive			Amount
City	State	Zip Code	10.00
Boone	NC	28607	Transaction ID : 6f98ef2f-f4ce-47ab-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 D D C 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	012832.16	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Jeremy Hollar			10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 121 Meadowview Drive			Amount
City	State	Zip Code	5.10
Boone	NC	28607	Transaction ID: 67dd3363-7bba-4565-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1012832.16	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		15.10
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

ooneddie E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Chad E Day	10 16 2014
Mailing Address 168 Emerald Hill Ar	mount
City State Zip Code	100.00
Forest City NC 28043 Tr	ransaction ID: d7f91d90-446a-4b00-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District:00
Mc Kay Hagan	esident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For: Primary General
Full Name of Pause	Other (specify) ►
Full Name of Payee  Corban L Barnett	ate of Public Distribution/Dissemination
Mailing Address 1001 N Prospect Ar	10 16 2014 mount
City State Zip Code	30.00
Liberal KS 67901 <b>Tra</b>	ansaction ID : dbfc4d32-cefb-4764-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sc	ought: House District: 00
	esident X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	18 2014
Signature	

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OF

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Corban L Barnett	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1001 N Prospect	Amount
City State Zip Code	30.00
Liberal KS 67901	Transaction ID : 57f0ec25-c4ec-4a6f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 16 / Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	ice Sought: House District: 00
Mr. Greg Orman Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought  Discussion 12039.59	sbursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Zachary Vidrine	10 16 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun	Amount
City State Zip Code	40.00
Ville Platte LA 70586	Transaction ID: 2fd316e1-c1a3-4871-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
	sbursement For: Primary X General  Other (specify) ▶
(a) SUPTOTAL of Itomized Independent Expanditures	
(a) SUBTOTAL of Itemized Independent Expenditures	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 18 2014
Signature	

Schedule E)	IN EXILID	TTOTILO	PAGE 64 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination
Mailing Address 202 Rue Des Cajun			10 16 2014  Amount
City	Otata	7:- Cada	10.00
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b133f065-caff-4b2f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	7	191520.61	Disbursement For:
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination
Mailing Address 200 Carawood Lane			10 16 2014 Amount
City	State	Zip Code	40.00
Lexington	NC	27295	Transaction ID : 7d21773a-fbae-4cf6-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1012832.16	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expendi	tures		59.20
(b) SUBTOTAL of Unitemized Independent Exper	nditures		
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 2014
Signature			

Schedule E)	DENT EXICID	ITOTILO	PAGE 65 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination
Mailing Address 200 Carawood Lane			10 16 / 2014
			Amount
City	State	Zip Code	14.70
Lexington	NC	27295	Transaction ID: c3a8b2bf-545c-4422-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	012832.16	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Ashley n Thompson			10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 272 Westgate Ct Apt 6			Amount
City	State	Zip Code	15.00
Lexington	NC	27295	Transaction ID: 55e9c856-58fe-48ef-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 16 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1012832.16	Disbursement For:  Primary  General 2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		29.70
(b) SUBTOTAL of Unitemized Independent E	vnandituras		
(b) SOBTOTAL OF OFFICE INCOME.	Aponditures		
(c) TOTAL Independent Expenditures			<b>•</b>
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	LIVI LXI LIVL	TOTILO	PAGE 66 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	t filed on
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination
Mailing Address 272 Westgate Ct Apt 6			10 16 2014  Amount
		7: 0 1	
City Lexington	State NC	Zip Code 27295	3.00  Transaction ID: 6c435732-38ea-4c5e-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	012832.16	Disbursement For:
Full Name of Payee Natalie M Foutch			Date of Public Distribution/Dissemination
Mailing Address 1057 Waldron Road			10 16 2014  Amount
City	State	Zip Code	23.00
LaVergne	TN	37086	Transaction ID: 7d1f0cb8-0c3b-472a-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,	171552.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	litures		26.00
(b) SUBTOTAL of Unitemized Independent Expo	enditures		<b>&gt;</b>
(a) TOTAL Independent Expanditures			4 4
(c) TOTAL Independent Expenditures			<b>)</b>
	ididate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	nically Filed] Date	10 18 2014
Signature			

Schedule E)	IVI EXI END	TIONES	PAGE 67 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination
Mailing Address 103 Glenhaven Ct			10 16 2014  Amount
			Amount
City	State	Zip Code	20.00
Harvest	AL	35749	Transaction ID: 783b0ec2-6792-42c4-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	y y	171552.54	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Kinsey E Beck			10 / 16 / Y Y Y Y Y Y
Mailing Address 103 Glenhaven Ct			Amount
City	State	Zip Code	4.20
Harvest	AL	35749	Transaction ID : 7928a76d-9013-4181-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	171552.54	Disbursement For:  Primary  General
(a) SUBTOTAL of Itemized Independent Expendit	ures		24.20
(, )			7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 2014
Signataro			

Schedule E)	DITOTILO	PAGE 68 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	eport Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination
Mailing Address 106 Wyncrest Ct		10 16 2014 Amount
City State	Zin Codo	20.00
City State Hendersonville TN	Zip Code 37075	20.00  Transaction ID: da80539d-9b26-45c7-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District:00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	171552.54 Dis 201	bursement For: Primary X General  Other (specify) ▶
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6		10 16 2014 Amount
City State	Zip Code	150.00
Conway AR	72032	Transaction ID: ba1079e9-1668-4ef3-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District:00
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	171552.54 Dis 20	sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		170.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
	ŕ	7- 1-7- 1-75-
(c) TOTAL Independent Expenditures	·····	7 7
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic Signature]	onically Filed] Date	10 18 2014
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Schedule E)	PAGE 69 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report f	iled on D D / Y Y Y Y Y Y
Full Name of Payee Brenda L McCune	Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6	10 16 2014 Amount
City State Zip Code	19.50
Conway AR 72032	Transaction ID : 4e8209df-b938-4f3a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	ffice Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calcinaa icai ic Batc	isbursement For:
Full Name of Payee Sarah Bassil	Date of Public Distribution/Dissemination
Mailing Address 7650 Fallswood Way	10 16 2014  Amount
City State Zip Code	40.00
Lorton VA 22079	Transaction ID : 1b2f1246-329a-417b-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 16 7 2014
Name of Federal Candidate Support O	Office Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
	isbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	59.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 18 2014

Schedule E)	DENT EXTEND	HONES	PAGE 70 OF 118 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	<b>V</b>
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	n
Hannah J Landry			10 16 Y 2014	Y
Mailing Address 1110 N Coolidge			Amount	
City	State	Zip Code	105.00	0
Gonzales	LA	70737	Transaction ID : f6c15929-4c0d-43f6-8 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 16 7 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	)
Ms. Mary L Landrieu		Oppose	President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	7	191520.61	Disbursement For:  Primary	ral
Full Name of Payee			Date of Public Distribution/Dissemination	n
Hannah J Landry			10 16 7 2014	Υ
Mailing Address 1110 N Coolidge			Amount	
City	State	Zip Code	13.89	П
Gonzales	LA	70737	Transaction ID: e42268bc-d73f-4fdc-b Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10 16 7 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	)
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For:  Primary	eral
(a) SUBTOTAL of Itemized Independent Exper	ditures		118.89	
(b) SUBTOTAL of Unitemized Independent Exp	penditures		<b>•</b>	
(c) TOTAL Independent Expenditures			·	
	ndidate or authorized		not made in cooperation, consultation, or conce f either, or (if the reporting entity is not a politic	
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 2014	
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Schedule E)	EXI END	TOTILO		PAGE 71 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Mary C Lee				10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave			Amoun	t
City	State	Zip Code		105.00
Gonzales	LA	70737		action ID : 7795de76-c1ec-4f62-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		91520.61	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Mary C Lee				10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave			Amour	nt
City	State	Zip Code		13.89
Gonzales	LA	70737		ction ID: 68efb8a7-8b72-4fd2-8  f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 16 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	191520.61	Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	S			118.89
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		<b>•</b>	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	18 / Y = Y = Y = Y = Y = Y
-				

NAME OF COMMITTEE (In Full) Women Speak Out PAC  C coo530766  Check if 24-hour report	UMBER ▼
C C00530766	Y = Y = Y
Check if 24-hour report	Y Y Y Y
Full Name of Payee Date of Public Distribution/Disse	emination
Peggy A Sides	2014
Mailing Address 2183 Spokane Rd Amount	
City State Zip Code	60.00
Fayetteville NC 28304 Transaction ID : f55fe5df-9ea2  Date of Disbursement or Obliga	-447e-b
Purpose of Expenditure	2014
Name of Federal Candidate Support Office Sought: House Distri	ct: 00
Ms. Kay Hagan	te: NC
Per Election for Office Sought 1012832.16 2014	<b>K</b> General
Other (specify) ►	
	YYYY
Mailing Address 2183 Spokane Rd  Amount	2014
City State Zip Code	7.50
Fayetteville NC 28304 Transaction ID : 5475c53e-4973 Date of Disbursement or Obliga	3-459d-a
Purpose of Expenditure	2014
Name of Federal Candidate Support Office Sought: House Distr	ict:00
Ms. Kay Hagan	ite: NC
Calendar Year-To-Date Per Election for Office Sought  1012832.16  Disbursement For: □ Primary 2014 □ Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditures	67.50
(b) SUBTOTAL of Unitemized Independent Expenditures	-
(c) TOTAL Independent Expenditures	450
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 18 2014	Y
Signature	

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OF

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	<b>-</b>
Check if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee Michael Chinchar	Date of Public Distribution/Dissemination
	10 16 7 2014
Mailing Address 2730 Dave Ward Dr	Amount
City State Zip Code	80.00
Conway AR 72034	Transaction ID : 4a861382-1074-4f2b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 16 2014
	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Michael Chinchar	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2730 Dave Ward Dr	Amount
City State Zip Code	18.00
Conway AR 72034	Transaction ID : 9caf1d29-5f37-4cab-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	te Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expanditures	20.22
(a) SUBTOTAL of Itemized Independent Expenditures	98.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed]  Signature	10 18 2014
Signature	

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Michael A Toomey	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4120 Bon Aire Dr Apt 6307	Amount
	City State Zip Code	50.00
	Monroe LA 71212	Transaction ID : f0072be0-917b-46da-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rrsement For: Primary X General
		Other (specify) -
	Full Name of Payee Michael A Toomey	Date of Public Distribution/Dissemination
	Mailing Address 4120 Bon Aire Dr Apt 6307	10 16 2014 Amount
	City State Zip Code	4.80
	Monroe LA 71212	Transaction ID: 4e8cc43f-3f78-4093-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 16 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	54.80
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	0 18 2014
	Signature	
_		

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OF

Schedule E)	PAGE 75 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Joshua D Švrotchen	of Public Distribution/Dissemination
Mailing Address 915 East Market Ave Amou	10 16 2014 unt
City Code	55.00
	55.00 saction ID : 7d086746-996f-4a92-b of Disbursement or Obligation
Purpose of Expenditure	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ht: House District: 00
Mr. Mark L Pryor	
Calendar Year-To-Date Per Election for Office Sought  Disbursemer 2014	nt For:
Joshua D Syrotchen	of Public Distribution/Dissemination
Mailing Address 915 East Market Ave Amou	10 16 2014 unt
City State Zip Code	44.40
Searcy AR 72149 Trans	action ID: 6486f81e-c414-461c-b of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 16 / 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Mr. Mark L Pryor Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought  Disbursemer 2014 2014	ont For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	99.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	18 / 2014

Schedule E)	INT EXI END	ITOTILO		PAGE 76 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Jeanne Tribou			10	16 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		80.00
Mandeville	LA	70471		ID: a9cd29e5-fd94-4195-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Jeanne Tribou			10	16 2014
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		11.40
Mandeville	LA	70471		D: ece5837d-c124-4f84-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 n	16 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-55	191520.61	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			91.40
(,)			7	75 - 75
(b) SUBTOTAL of Unitemized Independent Expen	ditures		• •	
(c) TOTAL Independent Expenditures			<b>)</b>	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 18	2014
•				

Schedule E)	FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
check if 24-hour report X 48-hour report New report Amends report filed	
Full Name of Payee Brittnie W Campbell	Date of Public Distribution/Dissemination
·	10 16 2014
Mailing Address 5828 Rena Road	Amount
City State Zip Code	32.50
Hamptonville NC 27020	Transaction ID: b3a91a63-1cda-49bc-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 16 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Eric Resinos	10 16 2014
Mailing Address 1430 Sunnyside Rd	Amount
City State Zip Code	80.00
Alma AR 72921	Transaction ID: 9073aa8e-aeec-4269-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 16 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	112.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	0 18 2014
Signature	

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 78 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric Resinos			10 16 / 2014
Mailing Address 1430 Sunnyside Rd			Amount
City	State	Zip Code	66.00
Alma	AR	72921	Transaction ID : 1056049d-3a3c-424e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		171552.54	Disbursement For:  Primary  General   2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Miranda A Resinos			10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1430 Sunnyside Rd			Amount
City	State	Zip Code	90.00
Alma	AR	72921	Transaction ID : 357e65ac-c9d1-4f31-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		171552.54	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		. ▶ 156.00
(b) SUBTOTAL of Uniternized Independent Exp	enditures		
			7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	IN EXIEND	ITOTILO	PAGE 79 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee Miranda A Resinos			Date of Public Distribution/Dissemination
Mailing Address 1430 Sunnyside Rd			10 16 2014  Amount
C'h	01-1-	7'- 0-1-	50.70
City Alma	State AR	Zip Code 72921	56.70  Transaction ID : 1be150de-6095-45dc-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	171552.54	Disbursement For: Primary General  2014 Other (specify) ▶
Full Name of Payee Sandra H Wagner			Date of Public Distribution/Dissemination
Mailing Address 5828 Rena Road			10 16 2014  Amount
City	State	Zip Code	32.50
Hamptonville	NC	27020	Transaction ID : 054f271c-e787-4129-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1012832.16	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		89.20
(b) SUBTOTAL of Unitemized Independent Exper	nditures		
(c) TOTAL Independent Expenditures			
·			7 7 7
	lidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 18 2014
Olynatul <del>c</del>			

Schedule E)	<b>L</b> /(1 L ( )			PAGE 80 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee Sandra H Wagner				Fublic Distribution/Dissemination
Mailing Address 5828 Rena Road			Amount	10 16 2014 t
City	State	Zip Code		17.10
Hamptonville	NC	27020		ction ID: 88164612-3455-451b-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presider	senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	012832.16	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Rebecca A Shearer  Mailing Address 6544 Arno College Grove Rd			M	f Public Distribution/Dissemination  M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		40.00
College Grove	TN	37046	Transac Date of	tion ID: 17bd4416-85d2-4411-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	10 16 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , ,	171552.54	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	<b>;</b>		<b>&gt;</b>	57.10
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			· .	7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10	18 2014
Signature				

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	ate of Public Distribution/Dissemination
Rebecca A Shearer	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6544 Arno College Grove Rd An	nount
City State Zip Code	21.60
College Grove TN 37046 Tra	ansaction ID: e36751b8-b665-475b-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 16 2014
Name of Federal Candidate Support Office Soil	ought: House District: 00
Mr Mark I Pryor	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	
	Other (specify) ►
Full Name of Payee Francesca Blom	ate of Public Distribution/Dissemination
Mailing Address 101 Asbury Ct	10 16 2014 mount
City State Zip Code	85.00
	insaction ID: 420f7386-591b-45e8-a ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 16 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Mr. Greg Orman Pre	esident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	106.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	18 2014
Signature	

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OF

Schedule E)	DEITI EXI END	ITOTILO	PAGE 82 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	t New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			10
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	70.00
METAIRIE	LA	70003	Transaction ID : 1544e9e7-3bee-4de4-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For: Primary General  2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Camille N Yearry			10 16 2014
Mailing Address 2025 NE 67th St			Amount
City	State	Zip Code	35.00
Gladstone	MO	64118	Transaction ID: 9a54682d-66a9-4e69-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		171552.54	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		105.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		·
(c) TOTAL Independent Expenditures			·
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	INT EXICITE	TI OTILO	PAGE 83 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination
Mailing Address 2025 NE 67th St			10 16 2014  Amount
City	Otata	7:- Oada	0.00
City Gladstone	State MO	Zip Code 64118	6.00  Transaction ID: 1347cb3a-76f9-418e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		171552.54	Disbursement For:
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination
Mailing Address P.O. Box 712			10 16 2014 Amount
City	State	Zip Code	90.00
Alexander	AR	72002	Transaction ID : a929f8c0-8e2e-4c29-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		171552.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendi	tures		96.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>
			7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cano party committee) any political party committee or	lidate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 18 2014
Signature			

Schedule E)	NI EXI END	ITOTILO	PAG FOR	E 84 OF 118 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTI	FICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	t filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dist	ribution/Dissemination
Todd Ellis				16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 712			Amount	
City	State	Zip Code		34.50
Alexander	AR	72002	Transaction ID: 13 Date of Disbursement	32b4c90-0dd2-40b6-9 ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		16 / Y Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
Mr. Mark L Pryor		X Oppose	President X Se	nate State: AR
Calendar Year-To-Date Per Election for Office Sought		71552.54	Disbursement For:  2014  Other (specify)	Primary General
Full Name of Payee			Date of Public Dist	ribution/Dissemination
Carol L Walters				16 2014
Mailing Address 1900 Glen West Way			Amount	2011
City	State	Zip Code		95.00
Fort Smith	AR	72916	Transaction ID : eed Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001		16 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Mr. Mark L Pryor		Oppose	President Se	enate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	171552.54	Disbursement For: 2014 Other (specify)	Primary   X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			129.50
			7	-p
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>&gt;</b>	4
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 18	2014
-				

Schedule E)							FOR SE C	F FORM 24/48
NAME OF COMMITTEE (In	Full)					FF		ION NUMBER ▼
Women Speak Out								ION NOWIDER V
						C	C00530766	
Check if 24-hour report	t X 48-hour report	New repo	rt Am	nends repo	rt filed (	on M M	/ D D	Y - Y - Y - Y
Full Name of Payee						Date of Pu	ublic Distributio	n/Dissemination
Carol L Walters						10	/ D D D 16	2014
Mailing Address 1900 G	Glen West Way					Amount	انا ا	
City	State	e Z	Zip Code					65.40
Fort Smith	AR		72916				on ID : 2f69885 sbursement or	8-6507-47fd-8
Purpose of Expenditure Mileage			Category/ Type	002		10	/ 16	2014
Name of Federal Candid	date			Support	Office	Sought:	House	District:00
Mr. Mark L Pryor			$\times$	Oppose		President	X Senate	State: AR
Calendar Year-To-D Per Election for Off		17	71552.54		Disbur 2014	sement Fo	r: Primai	ry X General
Full Name of Payee						Date of P	ublic Distributio	n/Dissemination
Sarah Bassil						10	/ D D D 16	2014
Mailing Address 7650	) Fallswood Way					Amount		
City	State	e .	Zip Code			L		40.00
Lorton	VA		22079				n ID : 1432bd7 isbursement or	<b>9-c0b6-472d-9</b> Obligation
Purpose of Expenditure Salary			Category/ Type	001		10	/ 16	2014
Name of Federal Candi	date			Support	Office	Sought:	House	District:00
Ms. Kay Hagan			X	Oppose		President	X Senate	State: NC
Calendar Year-To-D Per Election for Of			1012832.1	6	Disbur 2014	rsement Fo	r: Prima (specify) ▶	ry X General
(a) SUBTOTAL of Itemiz	ed Independent Expenditures				. ▶		7 7	105.40
(b) SUBTOTAL of Uniter	nized Independent Expenditures				• •		<del></del>	
(c) TOTAL Independent	Expenditures				•		7 7	
with, or at the request or	I certify that the independent expression of, any candidate or a tical party committee or its agent.	authorized						·
Ms. Emily Bu	achanan	[Electronic	cally Filed]	Date	M 10	M / D 1		)14
Signature			·	- 50				

Schedule E)	ENT EXILE	DITORLO	PAGE 86 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination
Mailing Address 20679 Glenbrook Terrace			10 16 2014 Amount
City	State	Zip Code	50.00
Sterling	VA	20165	Transaction ID : 3c169e29-ff23-4c69-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		12039.59	Disbursement For:
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination
Mailing Address 18065 Wayne Rd			10
City	State	Zip Code	85.00
Odessa	FL	33556	Transaction ID : ccf22fa5-fcb7-4a25-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		171552.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	litures		135.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authoriz		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.iataro			

Women Speak Out PAC  C coopsioned	ooneduie Ly		FOR SE OF FORM 24/48
Check if	NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Fill Name of Payee Randy M Gold  Mailing Address 1436 Haigs Creek Dr  City State Zip Code Elgin SC 29045  Purpose of Expenditure Salary  Category/ Mr. Mark L Pryor  Calendar Year-To-Date Par Election for Office Sought  City State Zip Code Transaction ID: 1932566d-b616-4645 b Date of Public Distribution/Dissemination  To 1 6 7 2014  Amount  Category/ Mr. Mark L Pryor  Calendar Year-To-Date Par Election for Office Sought  City State Zip Code Par Election for Office Sought  City State Zip Code Randy M Gold  Mailing Address 1436 Haigs Creek Dr  Calendar Year-To-Date Purpose of Expenditure Mileage  Category/ Mileage	women Speak Out PAC		C C00530766
Mailing Address 1436 Haigs Creek Dr  City State Zip Code Elgin SC 29045  Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Schemator Federal Candidate Mailing Address 1436 Haigs Creek Dr  Calendar Year-To-Date Per Election for Office Sought 171552.54  Name of Federal Candidate Mailing Address 1436 Haigs Creek Dr  Calendar Year-To-Date Purpose of Expenditure Mileage Schemator Sche	Check if 24-hour report X 48-hour report New rep	ort Amends report filed	I on Mam / Dad / Yayayay
Mailing Address 1436 Haigs Creek Dr  City State Zip Code Eigin SC 29045  Purpose of Expenditure Solary Ont Type Ont Type Ont Told of 6 2014  Name of Federal Candidate Support Calegory/ Type Ont Type On			Date of Public Distribution/Dissemination
City State Zip Code Elgin SC 29045  Name of Expenditure Salary   Category  Oo1   10   16   2014   Name of Federal Candidate   Support   Office Sought   House District   00   Mr. Mark L Pryor   State   214   Other (specify)   Elgin   SC 29046  Full Name of Payee   Randy M Gold   Transaction D: 745a56d-cee-431f-a Date of Disbursement For:   Primary   General   Purpose of Expenditure   State   Zip Code   Elgin SC 29046  Purpose of Expenditure   Support   Office Sought   Transaction D: 745a56d-cee-431f-a Date of Disbursement For:   Primary   General   Purpose of Expenditure   Support   Other (specify)   Transaction D: 745a56d-cee-431f-a Date of Disbursement For:   Primary   General   Purpose of Expenditure   Support   Other (specify)   Transaction D: 745a56d-cee-431f-a Date of Disbursement For:   Primary   General   Purpose of Expenditure   Support   Office Sought   Transaction D: 745a56d-cee-431f-a Date of Disbursement For:   Primary   General   Purpose of Expenditure   Support   Office Sought   House District:   Other (specify)   Other (spec	•		
Elgin SC 29045  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pyor  Calendar Year-To-Date Purpose of Expenditure Salary  Name of Federal Candidate  Mailing Address 1436 Haigs Creek Dr  Name of Federal Candidate  Name of Federal Candidate  Name of Payee Randy M Gold  Mailing Address 1436 Haigs Creek Dr  Name of Federal Candidate  Name of Federal Ca	Mailing Address 1436 Haigs Creek Dr		Amount
Elgin SC 29045  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pyor  Calendar Year-To-Date Purpose of Expenditure Salary  Name of Federal Candidate  Mailing Address 1436 Haigs Creek Dr  Name of Federal Candidate  Name of Federal Candidate  Name of Payee Randy M Gold  Mailing Address 1436 Haigs Creek Dr  Name of Federal Candidate  Name of Federal Ca	City State	Zip Code	85.00
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Purpose of Expenditure Mileage  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  India fabrical State: AR  Disbursement for: Primary Amount  Calendar Year-To-Date Per Election for Office Sought  India fabrical State: AR  Disbursement for: Primary Calendar Year-To-Date Per Election for Office Sought  India fabrical State: AR  Disbursement for: Primary Calendar Year-To-Date Per Election for Office Sought  India fabrical State: AR  Disbursement for: Primary Calendar Year-To-Date Per Election for Office Sought  India fabrical State: AR  Disbursement for: Primary Calendar Year-To-Date Per Election for Office Sought  India fabrical State: AR  Disbursement for: Primary Calendar Year-To-Date Per Election for Office Sought  India fabrical State: AR  Disbursement for: Primary Calendar Year-To-Date Per Election for Office Sought  India fabrical State: AR  Disbursement for: Primary Calendar Year-To-Date Per Election for Office Sought  India fabrical State: AR  Disbursement for: Primary Calendar Year-To-Date Per Election for Office Sought  India fabrical State: AR  Disbursement for: Primary Calendar Year-To-Date Per Election for Office Sought  India fabrical State: AR  Disbursement for: Primary Calendar Year-To-Date Per Election for Office Sought  India fabrical State: AR  Date of Public Distribution/Dissemination  India fabrical State: AR  Date of Pu		·	Transaction ID : f932666d-b6f6-4c45-b
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Randy M Gold  Mailing Address 1436 Haigs Creek Dr  City State Zip Code Elgin SC 29045  Purpose of Expenditure Mileage  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Purpose of Expenditure Mileage  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Da			M M / D D / Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Randy M Gold  Mailing Address 1436 Haigs Creek Dr  City State Zip Code Elgin SC 29045  Purpose of Expenditure Mileage  Name of Federal Candidate Mileage  Category/ Type  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  (Electronically Filed)  Disbursement For: Primary General  Disbursement For: Primary General  2014  Other (specify) ▶  126.04  10 18 2014	Name of Federal Candidate	Support Office	e Sought: House District: 00
Per Election for Office Sought  Full Name of Payee Randy M Gold  Malling Address 1436 Haigs Creek Dr  City State Zip Code Elgin SC 29045  Purpose of Expenditure Mileage  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Other (specify)   ▶	Mr. Mark L Pryor		
Full Name of Payee Randy M Gold  Mailing Address 1436 Haigs Creek Dr  City State Zip Code Elgin SC 29045  Purpose of Expenditure Mileage  Category/ 1002  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date Public Distribution/Dissemination  Amount  Transaction ID: 745a350d-ceee-431f-a Date of Disbursement or Obligation  Transac			
Randy M Gold  Mailing Address 1436 Haigs Creek Dr  City State Zip Code Elgin SC 29045  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support State State: AR  Calendar Year-To-Date Per Election for Office Sought 171552.54  Category/ Type 002  The Tanacation ID: 745a350d-ceee-431f-a Date of Disbursement or Obligation or Obligation or Obligation ID: 745a350d-ceee-431f-a Date of Disbursement or Obligation ID: 745a350d-ceee-431f-a Date of Disbu			U Other (specify) ►
Mailing Address 1436 Haigs Creek Dr  City State Zip Code Transaction ID : 745a350d-ceee-431f-a Date of Disbursement or Obligation  Purpose of Expenditure Mileage Category/ Type 002 To 10 To 16 Zo14  Name of Federal Candidate Support Mr. Mark L Pryor Sought Transaction ID : 745a350d-ceee-431f-a Date of Disbursement or Obligation  Mr. Mark L Pryor Sought Office Sought Senate State: AR  Calendar Year-To-Date Per Election for Office Sought Transaction ID : 745a350d-ceee-431f-a Date of Disbursement or Obligation  Mr. Mark L Pryor Sought To 10 To 16 Sought Office Sought Offic			M = M / D = D / Y = Y = Y
City State Zip Code Elgin SC 29045  Purpose of Expenditure Mileage  Category/ Type  Oppose  President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  (c) TOTAL Independent Expenditures	Mailing Address 1436 Haigs Creek Dr		
Elgin SC 29045  Transaction ID: 745a350d-ceee-431f-a Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 745a350d-ceee-431f-a Date of Disbursement or Obligation  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 745a350d-ceee-431f-a Date of Disbursement or Obligation  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 745a350d-ceee-431f-a Date of Disbursement or Obligation  Mr. Mark L Pryor  Calendar Year-To-Date Primary  General 2014  Other (specify)  Transaction ID: 745a350d-ceee-431f-a Date of Disbursement or Obligation  Mr. Mark L Pryor  Calendar Year-To-Date Primary  General 2014  Other (specify)  Transaction ID: 745a350d-ceee-431f-a Date of Disbursement or Obligation  Mr. Mark L Pryor  Calendar Year-To-Date President  Senate State: AR  Disbursement For: Primary General 2014  Other (specify)  Transaction ID: 745a350d-ceee-431f-a Date of Disbursement or Obligation  Mr. Mark L Pryor  Calendar Year-To-Date President  Senate State: AR  Disbursement For: Primary General 2014  Other (specify)  Transaction ID: 745a350d-ceee-431f-a Date of Disbursement or Obligation  Mr. Mark L Pryor  Calendar Year-To-Date President Senate State: AR  Disbursement For: Primary General 2014  Other (specify)  Transaction ID: 460 Notes And Senate State: AR  Disbursement For: Disbursement For: Primary General 2014  Other (specify)  Transaction ID: 460 Notes And Senate State: AR  Disbursement For: Disbursement F			
Purpose of Expenditure Mileage  Category/ Type  O02  Type  O02  Type  O02  Type  O02  Type  O02  Type  O02  Office Sought:  House District: O0  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Type  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  [Electronically Filed]  Date  Date		•	
Mileage  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Type  Oppose  President  Separt  State: AR  Disbursement For: Primary  General  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures		29045	
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures			
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate	Support Offic	e Sought: House District: 00
Per Election for Office Sought  171552.54  2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures	Mr. Mark L Pryor		-
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			Other (specify) >
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date  Date	(a) SUBTOTAL of Itemized Independent Expenditures		126.04
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    The reporting entity is not a political party committee or its agent.	(c) TOTAL Independent Expenditures	·····	
[Electronically Filed] Date 10 18 2014	with, or at the request or suggestion of, any candidate or authorized		
Dutc		cically Filed]	
	Signature		

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OF

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 88 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			10 16 2014
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	90.00
Mt. Airy	NC	27030	Transaction ID: 94d69e14-62ed-447f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	012832.16	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			10 16 / 2014
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	20.64
Mt. Airy	NC	27030	Transaction ID : e2eb857c-bfb0-420a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 16 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1012832.16	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		110.64
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	INI EXI END	TIONES	PAGE 89 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination
Mailing Address 314 S Main St			10 16 7 2014
			Amount
City	State	Zip Code	77.50
Roxboro	NC	27573	Transaction ID: d6b45b86-82f1-4d7a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	11	012832.16	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Julie M Gentry			10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 314 S Main St			Amount
City	State	Zip Code	25.32
Roxboro	NC	27573	Transaction ID: 69d579f4-4424-4855-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1012832.16	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		102.82
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			·
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)		101120		PAGE 90 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Laura U Logie			M = M	c Distribution/Dissemination
Mailing Address 2565 Shire Circle			10 Amount	16 2014
07	N-1-	7'- 0-4-		50.00
<b>1</b> '	VA	Zip Code 22801		50.00 ID: a5623f64-d1f5-4417-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose		X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		12039.59	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ▶
Full Name of Payee Nick Berryhill			M = M	c Distribution/Dissemination
Mailing Address 905 Lake Drive			10 Amount	16 2014
City	State	Zip Code		100.00
	NC	28152		D: 3bc67eac-66ec-404b-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	16 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1012832.16	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	150.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	10 / 18	2014

Schedule E)	LIVI LXI LIV	TIONES	PAGE 91 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination
Mailing Address 905 Lake Drive			10 16 2014 Amount
City	Ctata	Zin Codo	11.40
City Shelby	State NC	Zip Code 28152	Transaction ID: 8763a0f9-5a54-4d65-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	012832.16	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination
Mailing Address 2320 Saint Nick Dr			10 16 2014  Amount
City	State	Zip Code	70.00
New Orleans	LA	70131	Transaction ID : 98cf025e-b131-47d5-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1012832.16	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		81.40
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
			4 4
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 2014
Signaturo			

Schedule E)	INT EXTEND	HONES	PAGE 92 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	20.70
New Orleans	LA	70131	Transaction ID : ddad1603-61eb-40e4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	11	012832.16	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Brandy Starns			10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 300 Evangeline St			Amount
City	State	Zip Code	65.00
Monroe	LA	71201	Transaction ID : 3dc7ac5c-3d38-4f96-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		85.70
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)		10.120		PAGE 93 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour r	report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Brandy Starns			M = M	c Distribution/Dissemination
Mailing Address 300 Evangeline St			10 Amount	16 2014
City	State	Zip Code		7.80
Monroe	LA	71201		ID: a0ddc306-d985-4100-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	91520.61	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Corey S McKnight			Date of Publi	ic Distribution/Dissemination
Mailing Address 1510 Bailey St			Amount	سنبا لنا
City	State	Zip Code		45.00
West Monroe	LA	71292	Transaction II  Date of Disb	D: 82568de1-8bef-4686-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 N	16 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent E	Expenditures		. •	52.80
(b) SUBTOTAL of Unitemized Independen	nt Expenditures		. •	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 18	2014
Signature				

Schedule E)	IN EXILID	ITOTILO	PAGE 94 FOR SE OF F	OF 118 ORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	t filed on M M / D D /	Y
Full Name of Payee			Date of Public Distribution/Di	ssemination
Kelly Dolan			10 / 16	2014
Mailing Address 543 S 2nd St			Amount	
City	State	Zip Code		70.00
Bellaire	NC	77401	Transaction ID: 9440703d-7 Date of Disbursement or Ob	
Purpose of Expenditure Salary		Category/ Type 001	10 / 16 /	2014
Name of Federal Candidate		Support	Office Sought: House Di	strict: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	10	012832.16	Disbursement For: Primary 2014 Other (specify) ▶	X General
Full Name of Payee			Date of Public Distribution/D	issemination
Kelly Dolan			10 / 16 /	2014
Mailing Address 543 S 2nd St			Amount	
City	State	Zip Code		8.40
Bellaire	NC	77401	Transaction ID : 3370c29a-27 Date of Disbursement or Ob	
Purpose of Expenditure Mileage		Category/ Type 002	10 16 /	2014
Name of Federal Candidate		Support	Office Sought: House D	istrict: 00
Ms. Kay Hagan		Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1012832.16	Disbursement For:	General
(a) SUBTOTAL of Itemized Independent Expendit	ures			78.40
			7 7	
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 18 2014	Y
-				

	include Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report filed		M	/ D = D /	Y I Y I Y I Y
	Full Name of Payee	Date o	of Pub	olic Distribution/	'Dissemination
	Joseph R Énglish		10 <sup>M</sup>	16	2014
	Mailing Address 915 East Market Ave Apt 4	Amour	nt		
	City State Zip Code				80.00
	Searcy AR 72143			n ID: 9990e71d bursement or C	d-ef53-4cad-b
	Purpose of Expenditure Salary  Category/ Type 001		10 <sup>M</sup>	16	2014
	Name of Federal Candidate Support Office	Sought	 t:	House	District:00
	Mr. Mark L Pryor Oppose	Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ırsement		,	
	Tel Election of Office Cought	Ot	ther (s	specify) 🕨	
	Full Name of Payee  Joseph R English		of Pub	olic Distribution	/Dissemination
	Mailing Address 915 East Market Ave Apt 4		10	16	2014
	S 13 Last Iviainet Ave Apt 4	Amour	nt		
	City State Zip Code				48.00
				ID: c05631ef- bursement or 0	
	Purpose of Expenditure Mileage  Category/ Type  002	M	10 <sup>M</sup>	16	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
		Preside		X Senate	State: AR
				Primary	General
_	(a) SUBTOTAL of Itemized Independent Expenditures				128.00
	(b) SUBTOTAL of Unitemized Independent Expenditures			- 7-	
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	18		4
_	Signature				
_					

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Schedule E)	I EXI EIGD	HONES	_	AGE 96 OF 118 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	t filed on/	D = D / Y = Y = Y
Full Name of Payee Christine Stevens				istribution/Dissemination
Mailing Address 100 Asbury Ct			10 Amount	16 2014
			7 unedit	
City	State	Zip Code		80.00
Winchester	VA	22602		d8dffe74-7c8a-4cc1-a ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	16 / Y Y Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 1 7	12039.59	Disbursement For: 2014 Other (specified)	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
Jazmine d Conner			10	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 ASBURY CT			Amount	
City	State	Zip Code		75.00
WINCHESTER	VA	22602		33a3ac4d-ea62-424e-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	12039.59	Disbursement For: 2014 Other (speci	Primary X General fy) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			155.00
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 18	2014
Signature				

Schedule E)	IVI EXI EIVE	ATOTILO	PAGE 97 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	80.00
Winchester	VA	22602	Transaction ID : edaf0277-74ce-4e35-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		12039.59	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Rodney O Culbreath			10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	80.00
Winchester	VA	22602	Transaction ID: 0745087b-0bd1-4387-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	12039.59	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. ▶ 160.00
(b) SUBTOTAL of Unitermized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

	modulo L)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATI	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report fi		M = M	/ D = D /	Y = Y = Y = Y
	Full Name of Payee	Date	of Pub	olic Distribution	/Dissemination
	Rodney D Culbreth	_ [	10	16	2014
	Mailing Address 100 Asbury CT  3200 Dam Neck Rd	Amo	ount		
ŀ	City State Zip Code				80.00
	Winchester VA 22602			n ID: 50bf6181 bursement or 0	-9a45-4910-b
	Purpose of Expenditure Salary  Category/ Type  001		M M 10	16	2014
ľ	Name of Federal Candidate Support O	ffice Soug	ght:	House	District: 00
	Mr. Greg Orman Oppose	Presi		X Senate	State: KS
	Calcilidat ical to bate	isburseme		,	General
ŀ				specify)	
	Rze Culbreath	Date	M = M	blic Distribution	Y Y Y Y Y
-	Mailing Address 100 Asbury Ct	Amo	10 ount	16	2014
ŀ	City State Zip Code				80.00
	Winchester VA 22602			ID: 9b198003 sbursement or	
	Purpose of Expenditure Salary  Category/ Type  001		10 M	16	2014
ľ	Name of Federal Candidate Support O	 office Sou	ght:	House	District: 00
	W 0 0	Presi	_	X Senate	State: KS
		visburseme 014		Primary	/ Kaneral
(	(a) SUBTOTAL of Itemized Independent Expenditures		9	r 1 -7	160.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures	. [		7 1 7	
(	(c) TOTAL Independent Expenditures			7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eiparty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M M M	18		14
	Signature	-			

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Schedule E)	DENT EXTEND	TTOTILO	PAGE 99 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carl Brent			10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6718 Lake Willow Dr			Amount
City	State	Zip Code	80.00
New Orleans	LA	70126	Transaction ID: 8575c0ab-9983-4e40-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carl Brent			10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6718 Lake Willow Dr			Amount
City	State	Zip Code	11.70
New Orleans	LA	70126	Transaction ID : 69608ac4-119a-487b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		91.70
			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

					FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)				FEC II	DENTIFICATIO	N NUMBER ▼
Women Speak Out PAC				С	C00530766	
Check if 24-hour report X 48-hour report	New repo	ort Amends i	report filed	on M M /		Y Y Y
Full Name of Payee				Date of Public	c Distribution/[	Dissemination
Amelia Brackett				10 N	16	2014
Mailing Address 804 Roundabout Circle				Amount		
City	State	Zip Code				105.00
Searcy	AR	72143			ID: 0d1584b9- ursement or O	-240f-422f-9
Purpose of Expenditure Salary		Category/ Type	001	10	16	2014
Name of Federal Candidate		Suppor	rt Office	Sought:	House D	District:00
Mr. Mark L Pryor		X Oppose			X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	1	71552.54	Disbu 2014	rsement For:	Primary	X General
, L				Other (sp	pecify) ►	
Full Name of Payee Michael Vidrine				M = M	ic Distribution/[	Y = Y = Y = Y
Mailing Address 1103 West Wilson Street				10	16	2014
1 103 West Wilson Street				Amount		
City	State	Zip Code				65.00
Ville Platte	LA	70586		Transaction II Date of Disbu	<b>D</b> : <b>e8598aad-6</b> ursement or O	
Purpose of Expenditure Salary		Category/ Type 0	001	10	16	2014
Name of Federal Candidate		Suppor	rt Office	Sought:	House [	District: 00
Ms. Mary L Landrieu		X Oppos	е	President	X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	191520.61	Disbu 2014	rsement For: Other (sp	Primary	X General
(a) SUBTOTAL of Itemized Independent Expendent	litures		······ <b>&gt;</b>		7	170.00
(b) SUBTOTAL of Unitemized Independent Experience	enditures		······ <b>&gt;</b>	-		
(c) TOTAL Independent Expenditures			······ <b>&gt;</b>	3		
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date 10	M / D D D 18	2014	
Signature						

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Women Speak Out PAC    C   Coosgarge   C   C   Coosgarge   C   C   Coosgarge   C   C   C   C   C   C   C   C   C		medule Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Paye Michael Vidirine Mailing Address 1103 West Wilson Street  City State Zip Code Misser of Expenditure Mileage Category 002  Amount  Calegory 002  Caledor Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Paye  John P Hilkert  Category 001  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Federal Candidate Ms. Kay Hagan  Category 001  Name of Federal Candidate Ms. Kay Hagan  Name of Federal Candidate Name of	۷۱	vomen Speak Out PAC	C C00530766
Mailing Address 1103 West Wilson Street  City State Zip Code Ville Platte LA 70586  Purpose of Expenditure Mileage  Name of Federal Candidate  Mailing Address 7 Bards Lane  Calendar Year-To-Date Purpose of Expenditure  Solary  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Name of Payee  John P Hilkert  Name of Federal Candidate  Name	Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 1103 West Wilson Street  City State Zip Code 7058  Purpose of Expenditure Mileage Category/ Mileage District: 00 President Senate State: LA Category/ Oppose President of Office Sought Distribution/Dissemination 10 16 2014  Name of Federal Candidate Support City State Zip Code President Senate State: LA Other (specify) President Mailing Address 7 Bards Lane  City State Zip Code Fletcher NC 28732  Purpose of Expenditure Salary  Name of Federal Candidate NC Support City State Zip Code Fletcher NC 28732  Purpose of Expenditure Salary  Name of Federal Candidate Support NC 28732  Purpose of Expenditure Salary  Name of Federal Candidate Support NC 28732  Purpose of Expenditure Salary  Name of Federal Candidate Support Office Sought Senate State: NC 28732  Category/ Oppose President Senate State: NC 28732  Category/ Oppose President Senate State: NC 28732  Category/ Oppose President Senate State: NC 2014  Name of Federal Candidate Support Office Sought House District: 00 Amount Senate State: NC 2014  Category/ Oppose President Senate State: NC 2014  Category/ Oppose President Senate State: NC 2014  Category/ Oppose President Senate State: NC 2014  Category/ Oppose Distribution/Dissemination of Senate State: NC 2014  Company Senate State: NC 2014  C	٦	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code  Ville Platte LA 70586  Purpose of Expenditure Mileage		Michael Vidrine	
Ville Platte  LA  70586  Purposa of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Caledar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Name of Page  John P Hilkert  City State Purpose of Expenditure Salary  Name of Federal Candidate  NC  Z8732  Purpose of Expenditure Salary  Name of Federal Candidate  NC  Z8732  Purpose of Expenditure Salary  Name of Federal Candidate NC  Z8732  Purpose of Expenditure Salary  Name of Federal Candidate NC  Z8732  Purpose of Expenditure Salary  Name of Federal Candidate NC  Z8732  Purpose of Expenditure Salary  Name of Federal Candidate NC  Z8732  Disbursement For:  Transaction ID: 4a049901-4389-4da4-a Date of Public Distribution/Dissemination  "10" 16" 2014  Amount  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement or Obligation  "10" 16" 2014  Amount  Category' Type  Oot  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement or Obligation  "10" 16" 2014  Amount  Category' Type  Oot  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement or Obligation  "10" 16" 2014  Amount  Category' Type  Oot  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement For:  Transaction ID: 4a04991-4389-4da4-a Date		Mailing Address 1103 West Wilson Street	Amount
Ville Platte  LA  70586  Purposa of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Caledar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Name of Page  John P Hilkert  City State Purpose of Expenditure Salary  Name of Federal Candidate  NC  Z8732  Purpose of Expenditure Salary  Name of Federal Candidate  NC  Z8732  Purpose of Expenditure Salary  Name of Federal Candidate NC  Z8732  Purpose of Expenditure Salary  Name of Federal Candidate NC  Z8732  Purpose of Expenditure Salary  Name of Federal Candidate NC  Z8732  Purpose of Expenditure Salary  Name of Federal Candidate NC  Z8732  Disbursement For:  Transaction ID: 4a049901-4389-4da4-a Date of Public Distribution/Dissemination  "10" 16" 2014  Amount  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement or Obligation  "10" 16" 2014  Amount  Category' Type  Oot  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement or Obligation  "10" 16" 2014  Amount  Category' Type  Oot  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement or Obligation  "10" 16" 2014  Amount  Category' Type  Oot  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement For:  Transaction ID: 4a04991-4389-4da4-a Date		City State Zin Code	19.80
Purpose of Expenditure Mileage  Category/ Type  Office Sought:  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure Salary  Name of Federal Candidate  NC 28732  Purpose of Expenditure Salary  Name of Federal Candidate  NC 28732  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement or Obligation  Transaction ID: 4a049901-4389-4da4-a Date of Purblic Distribution/Dissemination  Office Sought:  House District: 00  Transaction ID: 4a049901-4389-4da4-a Date of Purblic Distribution/Dissemination  Transa		·	Transaction ID : 68926981-d9dd-4928-8
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee John P Hilkert  City State Fletcher  NC 28732  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement For:  2014  Amount  City State Fletcher  NC 28732  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement or Obligation  Name of Federal Candidate Ms. Kay Hagan  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  To Disbursement For:  Primary  General  Amount  Category/ Type  Oot  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement or Obligation  Ms. Kay Hagan  Control  Support  Office Sought:  House District:  O  President Senate State:  NC  Calendar Year-To-Date Per Election for Office Sought  To Disbursement For:  Primary General  Other (specify)  To Other (specify)  (c) TOTAL Independent Expenditures  Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  IElectronically Filed  Date		Mileage Category/ 002	M M / D D / Y Y Y Y
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  President Senate State: LA  Disbursement For: Primary General 2014 Other (specify) ▶  Full Name of Payee John P Hilkert  Mailing Address 7 Bards Lane  City State Zip Code Fletcher NC 28732  Fletcher NC 28732  Transaction ID : 4a04991-4389-4da4-a Date of Disbursement or Obligation  Name of Federal Candidate Ms. Kay Hagan  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  To Office Sought  To Office Sought  Transaction ID : 4a04991-4389-4da4-a Date of Disbursement or Obligation  Transaction ID : 4a04991-4389-4da4-a Date of Disbursement or Obligation  Transaction ID : 4a04991-4389-4da4-a Date of Disbursement or Obligation  Transaction ID : 4a04991-4389-4da4-a Date of Disbursement For Disbursement For Disbursement For Disbursement For Disbursement For Disbursement For: Primary General  Calendar Year-To-Date Per Election for Office Sought  To Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date		Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought  Full Name of Payee John P Hilkert  Mailing Address 7 Bards Lane  City State Zip Code Fletcher NC 28732  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Other (specify) ▶  Date of Public Distribution/Dissemination  10 16 2014  Amount  Candout  Category/ O01  10 16 2014  Office Sought: House District: 00  President Senate State: NC Disbursement For: Primary General 2014  Other (specify) ▶  Tansaction ID: 4a049901-3389-4da4-a  Date of Disbursement or Obligation  Countries  Category/ O01  10 16 2014  Other (specify) ▶  Transaction ID: 4a049901-3389-4da4-a  Date of Disbursement or Obligation  Category/ O01  10 16 2014  Other (specify) ▶  Transaction ID: 4a049901-3389-4da4-a  Date of Disbursement or Obligation  Category/ O01  10 16 2014  Other (specify) ▶  Transaction ID: 4a049901-3389-4da4-a  Date of Disbursement or Obligation  Transaction ID: 4a049901-389-4da4-a  Date of Disbursement For: Date or D		Me Marriel Landrice	
Full Name of Payee John P Hilkert  Mailing Address 7 Bards Lane  City State Zip Code Fletcher NC 28732  Purpose of Expenditure Salary  Category/ 1/10 16 2014  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Interpretation Date Personal Disbursement For Primary General Primary Committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Interpretation Date Proble Distribution/Dissemination  Date of Public Distribution/Dissemination  Table Proble Distribution/Dissemination  10 16 2014  Amount  Could General Date Office Sought Support Office Sought: House District: 00 President Senate State: NC  Disbursement For: Primary General Other (specify) Primary Country Country Other (specify) Primary Country		404500.04	
John P Hilkert  Mailing Address 7 Bards Lane  City State Zip Code Fletcher NC 28732  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  10 16 2014  Amount  Amount  Category  60.00  Transaction ID: 4a049901-4389-4da4-a  Date of Disbursement or Obligation  Transaction ID: 4a049901-4389-4da4-a  Date of Disbursement or Obligation  To date of Disbursement or Obligation  Transaction ID: 4a049901-4389-4da4-a  Date of Disbursement or Disbursement o			Other (specify) -
Mailing Address 7 Bards Lane    City			M = M / D = D / Y = Y = Y
Fletcher  NC 28732  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Name of Federal Candidate  Support  Ms. Kay Hagan  Support  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement or Obligation  Total Industrial Total Industrial Industrialy Industrial Industrial Industrial Industrial Industrial Industri		Mailing Address 7 Bards Lane	
Fletcher  NC 28732  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Name of Federal Candidate  Support  Ms. Kay Hagan  Support  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 4a049901-4389-4da4-a Date of Disbursement or Obligation  Total Industrial Total Industrial Industrialy Industrial Industrial Industrial Industrial Industrial Industri		City State Zip Code	60.00
Purpose of Expenditure Salary    Category/ Type   001   10		1	Transaction ID : 4a049901-4389-4da4-a
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State:   NC		Salary Odlegory 001	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Office	e Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures		Ms. Kay Hagan Oppose	President State: NC
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	· —
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  10  18  2014		(a) SUBTOTAL of Itemized Independent Expenditures	79.80
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date    Date   Dat		(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date		(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 18 2014	,	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
		[E1 - 4 1 1 - 1 - 1 - 1 -	
		24.0	

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OF

Schedule E)	IVI EXI EIVE	II OILEO		PAGE 102 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee  John P Hilkert			Date of Public	Distribution/Dissemination
			10	16 2014
Mailing Address 7 Bards Lane			Amount	
City	State	Zip Code		13.80
Fletcher	NC	28732		D: 0ac1a1c1-cdc6-4d66-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	012832.16	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee			Date of Public	c Distribution/Dissemination
Tabitha J Barnett			10	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1001 N Prospect			Amount	
City	State	Zip Code		30.00
Liberal	KS	67901		D: 4e90ed46-bd35-4d95-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	12039.59	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		·	43.80
(1) CUPTOTAL (11 ii i				
(b) SUBTOTAL of Unitemized Independent Expen	aitures		<b>)</b>	4
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Flaatwa-	nically Filed] Date	M = M / D = D	/
Signature	Lectron	Date	10 18	2014

Sch	edule E)	<b>L</b> /( <b>L</b> /( <b>C</b> )	1101120				PAGE 103 OF 118 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	rt filed on	M = M /	D = D / Y = Y = Y
	Full Name of Payee Tabitha J Barnett				Date	of Public	c Distribution/Dissemination
N	Mailing Address 1001 N Prospect				Amo	10 ount	16 2014
	Dity	State	Zip Code				12.03
-	Liberal	KS	67901				ID: 14de39cf-7f40-4402-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M 10	16 7 2014
Ν	Name of Federal Candidate		s	upport	Office Soug	ıht:	House District:00
	Mr. Greg Orman			)ppose	Presi	· _	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		12039.59		Disburseme	ent For: Other (sp	Primary
	Full Name of Payee Rachel H Young  Mailing Address Box #11543 915 E Market Ave				Date	10	c Distribution/Dissemination
	City Searcy	State AR	Zip Code 72149		Trans	saction II	45.00  D: baf8217d-f4b0-49bf-bursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	/ 16 / Y 2014
1	Name of Federal Candidate		s	Support	Office Sou	ght:	House District: 00
Ľ	Mr. Mark L Pryor			Oppose	Presi	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		171552.54		Disburseme 2014	ent For: Other (sp	Primary X General
(a)	) SUBTOTAL of Itemized Independent Expenditures	3					57.03
(b	) SUBTOTAL of Unitemized Independent Expenditu	ıres			· -		1171171
(c)	) TOTAL Independent Expenditures				• [	-	
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	10	18	2014
	Signature						

Schedule E)	NDENT EXTEND	TOTILO	<u> </u>	AGE 104 OF 118 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour rep	port New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Rachel H Young			Date of Public D	istribution/Dissemination
Mailing Address Box #11543 915 E Market	Ave		10 Amount	16 2014
			Amount	
City	State	Zip Code		17.73
Searcy	AR	72149		badc2613-23ce-4b78-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	71552.54	Disbursement For: 2014 Other (speci	Primary ☐ General fy) ►
Full Name of Payee			Date of Public D	histribution/Dissemination
Jessica R Resendiz			10 /	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		75.00
Keithville	LA	71047		93a60bfb-fd67-4ba5-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		191520.61	Disbursement For: 2014 Other (speci	Primary
(a) SUBTOTAL of Itemized Independent Ex	penditures			92.73
			7	7
(b) SUBTOTAL of Unitemized Independent	Expenditures		<b>)</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 18 18	2014
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Schedule E)	LIVI EXI END	ITORES	PAGE 105 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee  Jessica R Resendiz			Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St			10 16 2014 Amount
City	State	Zip Code	24.00
Keithville	LA	71047	Transaction ID : 79da0f67-ef4f-43b0-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	191520.61	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination
Mailing Address 3110 Brentwood Rd			10 16 2014
			Amount
City	State	Zip Code	60.00
Raleigh  Purpose of Expenditure	NC	27604	Transaction ID : 42be6afa-74cb-4048-b  Date of Disbursement or Obligation
Salary		Category/ Type 001	10 / 16 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1012832.16	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		84.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(4, 332.33.12.33.23.13.13.13.13.13.13.13.13.13.13.13.13.13			45 45 45
(c) TOTAL Independent Expenditures			· • • • • • • • • • • • • • • • • • • •
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
z.g			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Lee R Carter	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 3110 Brentwood Rd	Amount
	City State Zip Code	14.70
	Raleigh NC 27604	Transaction ID : 52db9ea1-6ebd-4eed-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rrsement For: Primary X General
		Other (specify) -
	Full Name of Payee Brandon Wheeler	Date of Public Distribution/Dissemination
	Mailing Address 10112 Piney Creek Ct	10 16 2014 Amount
	City State Zip Code	35.00
	Charolette NC 28215	Transaction ID : 37a192fd-706d-4674-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	49.70
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) ( 1) 7) 11	0 18 2014
	Signature	
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reflectation Ly	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Sheck if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Brandon Wheeler	10 16 2014
Mailing Address 10112 Piney Creek Ct	mount
City State Zip Code	10.80
	ransaction ID : 21cd7e7c-20c5-4f0d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	ought: House District: 00
Mr. Mark I. Prvor	resident Senate State: AR
474550 54	ement For: Primary X General
Per Election for Office Sought 171552.54 2014	Other (specify)
Full Name of Payee Ronald W Ryckman	Date of Public Distribution/Dissemination
Mailing Address 503 N Cedar St	10 16 2014 Amount
City State Zip Code	45.00
Meade KS 67864 Tr	ransaction ID: 7134e06e-4f99-41a4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	ought: House District: 00
	resident State: KS
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	55.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	18 2014
Signature	

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Ronald W Ryckman	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 503 N Cedar St	Amount
	City State Zip Code	16.20
	Meade KS 67864	Transaction ID : 142cf85f-e068-4b5a-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 16 / Y 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	40000 50	ursement For: Primary X General
	Per Election for Office Sought 12039.59 2014	Other (specify) ▶
	Full Name of Payee Eva M Johnston	Date of Public Distribution/Dissemination
	Mailing Address 2517 N 47th St	10 16 2014 Amount
	City State Zip Code	15.00
	Milwaukee WI 53210	Transaction ID : fd9cb576-0149-45b2-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 16 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	31.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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Schedu	ile E)	I EXI EIID	101120		PAGE 109 OF 118 FOR SE OF FORM 24/48
	IAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼				
vvome	Women Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full N	Name of Payee			Da	te of Public Distribution/Dissemination
Sn	elbi L Randall				10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailir	ng Address 202 East Park Ave Apt 40			Am	nount
City		State	Zip Code	-	37.50
Sea	су	AR	72143		ansaction ID : 5eec015e-7014-4323-9 te of Disbursement or Obligation
Purpo Sala	ose of Expenditure ry		Category/ Type 001		10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	e of Federal Candidate		Support	Office Sou	ught: House District: 00
Mr. N	Mark L Pryor		X Oppose	Pres	sident State: AR State:
	Calendar Year-To-Date Per Election for Office Sought	, 1	71552.54	Disbursen 2014	nent For:  Primary  General Other (specify) ►
	Name of Payee			Da	te of Public Distribution/Dissemination
	vlor N Randall				10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Maili	ng Address 2002 E Park Ave			An	nount
	Apt 40				
City Sea	rcy	State AR	Zip Code 72143	Trai	37.50 nsaction ID : 519dbaa0-a561-4ac2-b
	ose of Expenditure			Da	te of Disbursement or Obligation
Sala			Category/ Type 001	_	10 / 16 / 2014
Nam	e of Federal Candidate		Support	Office So	ught: House District: 00
Mr. I	Mark L Pryor		X Oppose	Pre	sident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7	171552.54	Disbursen 2014	
	JBTOTAL of Itemized Independent Expenditure				Other (specify) ►
(1)					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TO	OTAL Independent Expenditures				
with, c	penalty of perjury I certify that the independe r at the request or suggestion of, any candida committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M	/ D D / Y Y Y Y Y Y 18 2014
Sig	nature	Lacenoni	Date	; 10	10 2014

Schedule E)	DEITI EXI END	ITOTILO	PAGE 110 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766		
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	t filed on
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination
Mailing Address 2002 E Park Ave			10 16 2014 Amount
Apt 40			Allouit
City	State	Zip Code	24.75
Searcy	AR	72143	Transaction ID: a03f25be-c56d-40af-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		171552.54	Disbursement For:  Primary  General 2014  Gher (specify) ▶
Full Name of Payee	<del></del>		Date of Public Distribution/Dissemination
Colton R Overcash			10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 121 Ohara Dr			Amount
City	State	Zip Code	90.00
Salisbury	NC	28147	Transaction ID: 6449a010-f0e9-4aa2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 D D D Z 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1012832.16	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		114.75
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
			7 7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 18 2014
5.g. (a.a.)			

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Colton R Overcash	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 121 Ohara Dr	Amount
	City State Zip Code	94.20
	Salisbury NC 28147	Transaction ID : 3fe238ad-5536-4cfe-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General
		Other (specify)
	Full Name of Payee Chance B Ross	Date of Public Distribution/Dissemination
	Mailing Address 920 W Gracewood Apt 106	10 16 2014 Amount
	City State Zip Code	40.00
	Fayetteville AR 72701	Transaction ID: 634cc3b6-7098-4cf5-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 16 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	134.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 18 2014
	Signature	

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of the date by	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Chance B Ross	10 16 2014
Mailing Address 920 W Gracewood Apt 106	ount
City State Zip Code	15.60
	insaction ID: 80872851-f600-4db1-a e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 16 2014
Name of Federal Candidate Support Office Sou	ight: House District: 00
Mr. Mark I. Prvor	sident X Senate State: AR
Calendar Year-To-Date Disbursem	nent For: Primary X General
Per Election for Office Sought 171552.54 2014	Other (specify)
Full Name of Payee Pound, Feinstein & Associates	te of Public Distribution/Dissemination
Mailing Address 5614 Connecticut Ave NW Ste 270	10 16 2014
- 0014 0011100110017110, 1111 010 270	nount
City State Zip Code	10665.46
	nsaction ID : feee4a9e-7f05-4414-a te of Disbursement or Obligation
Purpose of Expenditure Doorhangers  Category/ Type  004	10 16 7 2014 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
	sident Senate State: KS
Calendar Year-To-Date  Disbursem 2014 2014	nent For: Primary X General
Per Election for Office Sought 12039.59	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	10681.06
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 18 2014
Signature	

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oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report   New report   Amends report filed on	* M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	10 16 2014
Mailing Address 3315 Cardinal Ridge Rd Amoun	nt
City State Zip Code	35.00
Greensboro NC 27410 Transa	action ID : a2e2cde0-d094-41d3-a of Disbursement or Obligation
Purpose of Expenditure Category/	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought	t: House District:00
Ms. Kay Hagan  Ms. Kay Hagan  Preside	NO
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014 2014	t For: Primary X General
Ot	ther (specify) -
Daniel F Collison	of Public Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd Amour	10 16 2014 nt
City State Zip Code	3.90
Greensboro NC 27410 Transac	ction ID : d624775f-02e1-476b-8 of Disbursement or Obligation
Purpose of Expenditure Category/	10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought	t: House District: 00
Ms. Kay Hagan Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014 Ot	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	38.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	18 2014
Signature	

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OF

Schedule E)	DITUNES	PAGE 114 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	port Amends report fi	iled on DDD / YTYTY
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination
Mailing Address 1700 E Part Ave		10 16 2014  Amount
City State Searcy AR	Zip Code	41.00
	72149	Transaction ID: 158f2c4a-d189-4191-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary X General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Jeffrey Hampton		10 16 2014
Mailing Address 1700 E Part Ave		Amount
City State	Zip Code	24.33
Searcy AR	72149	Transaction ID : a102caff-88c4-463c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District:00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
	'	
(a) SUBTOTAL of Itemized Independent Expenditures	······	65.33
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	10 18 2014
Signature		

Schedule E)			_	PAGE 115 OF 118 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				INTIFICATION NUMBER ▼
Women Speak Out PAC  C C00530766				
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Kaitlyn B Allen			M = M /	Distribution/Dissemination
Mailing Address 2121 Daniel Dr			10 Amount	16 2014
City	State	Zip Code		105.00
Searcy	AR	72143		: 1221e42f-ad7b-4080-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	171552.54	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Kaitlyn B Allen			M - M /	Distribution/Dissemination
Mailing Address 2121 Daniel Dr			Amount	16 2014
City	State	Zip Code		51.96
Searcy	AR	72143		: 539602aa-d02b-48d2-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	16 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	171552.54	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	S		•	156.96
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 18	2014

Schedule E)	IN EXILITE	ATOTILO	PAGE 116 OF 118 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC				
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	
Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination	
Mailing Address 211 Dixie Ave			10 16 2014 Amount	
City	State	Zin Codo	30.00	
Harrisonburg	VA	Zip Code 22801	Transaction ID : b00fb234-f213-41dc-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Greg Orman		X Oppose	President Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		12039.59	Disbursement For:  Primary  General  2014  Other (specify) ▶	
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination	
Mailing Address 1906 S Pine Apt B			10 16 2014 Amount	
			Amount	
City	State KS	Zip Code	35.00 Transaction ID : ac3b610b-d0f0-4762-a	
Pittsburg  Purpose of Expenditure	NS	66762	Date of Disbursement or Obligation	
Salary		Category/ Type 001	10 / 16 / 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Greg Orman		X Oppose	President Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought	7	12039.59	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expendit	ures		65.00	
			7 7 7	
(b) SUBTOTAL of Unitemized Independent Exper	iditures		•	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. <del>3</del>				

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	te of Public Distribution/Dissemination
Jacob W Joosten	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1906 S Pine Apt B	nount
City State Zip Code	0.60
Pittsburg KS 66762 Tra	ansaction ID : 12b1afff-96a1-451a-a te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 16 7 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Greg Orman Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	nent For:
Full Name of Payee Benjamin K Cunningham	ate of Public Distribution/Dissemination
Mailing Address 3502 S 66th St Apt 47	10 15 2014 nount
City State Zip Code	100.00
	nsaction ID : dbc371cc-0fc4-4f34-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 15 2014
Name of Federal Candidate Support Office Soil	ught: House District: 00
	esident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	100.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	18 2014
Signature	

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Women Speak Out PAC    FeC IDENTIFICATION NUMBER ▼		neddic L)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee  Benjamin K Cunningham  Mailing Address 3502 S 66th St Apt 47  City State Zip Code Fort State Zip Code Fort State Category Mileage  Name of Federal Candidate  Mailing Address State: Date Per Election for Office Sought  Full Name of Payee  Mailing Address  City State Zip Code  Ma. Kay Hagan  Name of Federal Candidate  Mailing Address  City State Zip Code  Purpose of Expenditure  Mailing Address  City State Zip Code  Purpose of Expenditure  Mailing Address  City State Zip Code  Purpose of Expenditure  Mailing Address  Calendar Yasa-To-Date Per Election for Office Sought  Calendar Yasa-To-Date Per Election for Office Sought  Calendar Yasa-To-Date Disbursement or Obligation  Calendar Yasa-To-Date Disbursement or Obligation  Calendar Yasa-To-Date Disbursement or Obligation  Date of Disbursement or Obligation  Calendar Yasa-To-Date Disbursement or Obligation  Date of Disbursement or Obligation  Calendar Yasa-To-Date Dis	V۷	omen Speak Out PAC	C C00530766
Mailing Address   3502 S 66th St Apt 47	Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 3502 S 66th St Apt 47  City State Zip Code For Smith AR 72903  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support Calendar Year-To-Date Per Election for Office Sought 1012832.16  City State Zip Code  Purpose of Expenditure Category/ Disbursement or Obligation President Senate State: NC Disbursement or Obligation President Senate State: NC Disbursement For: Primary General 2014  Mailing Address  City State Zip Code  Date of Disbursement or Obligation President Senate State: NC Disbursement For: Primary General 2014  Date of Disbursement or Obligation President Senate State: NC Disbursement For: Primary General Office Sought Senate State: Disbursement For: Primary General President Senate State: Disbursement or Obligation President Senate State: Disbursement For: Primary General President Senate Senat	Т		Date of Public Distribution/Dissemination
City   State   Zip Code   Fort Smith   AR   72903   Transaction ID : 568ab0e9:7730-4581-9   Date of Disbursement or Obligation   Disbursement or Obligation   Transaction ID : 568ab0e9:7730-4581-9   Date of Disbursement or Obligation   Transaction ID : 568ab0e9:7730-4581-9   Date of Disbursement or Obligation   Transaction ID : 568ab0e9:7730-4581-9   Date of Disbursement or Obligation   Transaction ID : 568ab0e9:7730-4581-9   Date of Disbursement or Obligation   Transaction ID : 568ab0e9:7730-4581-9   Date of Disbursement For   Disbursement For   Prinary   General Prinary   General   Prinary   General   Date of Public Distribution/Dissemination   Transaction ID : 568ab0e9:7730-4581-9   Disbursement For   Prinary   General   Prinary   General   Date of Public Distribution/Dissemination   Transaction ID : 568ab0e9:7730-4581-9   Disbursement For   Prinary   General   General   Prinary   General		·	
Fort Smith AR 72903  Furposa of Expenditure Mileage    Category/ Type   0.02		Mailing Address 3502 S 66th St Apt 47	Amount
Fort Smith AR 72903  Furposa of Expenditure Mileage    Category/ Type   0.02	ŀ	City State Zin Code	60.00
Purpose of Expenditure Mileage  Category/ Type  Office Sought:   House District:   00   Ms. Kay Hagan   Qoppose   President   Senate State:   NC   Calendar Year-To-Date   Date of Disbursement or Obligation   Purpose of Expenditure  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Purpose of Expenditure  Name of Federal Candidate  State   Zip Code   Date of Disbursement or Obligation   Date of Disbursement or Obligation			Transaction ID : 566ab0e9-7730-458f-9
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Dissemination  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Calendar Year-To-Date Per Election for Office Sought  Office Sought:  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support Office Sought:  Disbursement For: Primary General  Disbursement For: Primary General  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Under president Senate State:  Calendar Year-To-Date Per Election for Office Sought Other (specify)  Other (specify)  Other (specify)  Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date	•	Mileage Category/ 002	M = M / D = D / Y = Y = Y
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State: NC	ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought    1012832.16		Ma Way Harra	
Full Name of Payee    Date of Public Distribution/Dissemination		Calcillati Total To Bato	
Mailing Address  Amount  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Oppose  President  Senate State:  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	ŀ	Full Name of Pavee	
Amount  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support Office Sought: House District: President Senate State:  Calendar Year-To-Date Per Election for Office Sought  Other (specify)   (a) SUBTOTAL of Itemized Independent Expenditures.  (b) SUBTOTAL of Unitemized Independent Expenditures.  (c) TOTAL Independent Expenditures.  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Tall Halle of Fayer	
Purpose of Expenditure    Category/   Type		Mailing Address	Amount
Purpose of Expenditure    Category/ Type		City State Zip Code	
Name of Federal Candidate  Support Office Sought: House District: Oppose President Senate State:  Calendar Year-To-Date Per Election for Office Sought  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures.  (b) SUBTOTAL of Unitemized Independent Expenditures.  (c) TOTAL Independent Expenditures.  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  [Electronically Filed] Date    Disbursement For: Primary General			Date of Disbursement or Obligation
Oppose President Senate State:  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures		Category/	M = M / D = D / Y = Y = Y = Y
Oppose		Name of Federal Candidate Support Office	e Sought: House District:
Calendar Year-To-Date Per Election for Office Sought    Disbursement For: Primary General   Other (specify)   Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures		Calendar Year-To-Date Disb	
(b) SUBTOTAL of Unitemized Independent Expenditures		Per Election for Office Sought	Other (specify) ▶
(c) TOTAL Independent Expenditures	(	(a) SUBTOTAL of Itemized Independent Expenditures	60.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  10  18  2014	(	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  10  18  2014	(	(c) TOTAL Independent Expenditures	20416.86
[Electronically Filed] Date 10 18 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
		[E1 - 4	

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